

Prestige Health Primary & Urgent Care, LLC

Health Screening Consent Form

I, the undersigned, hereby consent to allow my child to participate in the Health Screening Physical provided by Prestige Health Primary & Urgent Care, LLC. I know that this health screening does not start a patient/medical provider relationship. I understand that my child will receive a sports physical, which does not supplement or take the place of a wellness exam. In addition, I understand that it is my responsibility as a legal parent/guardian (18 and younger) to follow-up with my child's healthcare provider if recommended by the results. If my child does not have a health care provider, I will be provided resource information in my area. I understand that health screening are being provided at a cost of \$_____.

Parent/Guardian Information

Printed Name: (First,Last)_____.

Signature:_____

Date:_____

Address:_____

City:_____ Zip:_____

Phone: (_____)_____

Child's Name:_____ DOB:_____

Age:_____ Gender_M__F__