



Dear Parent,

WellOne Primary Medical is pleased to have been chosen to perform sports physicals for the Scituate Schools and the Scituate Health Alliance. In order to fully assess your child's ability to participate in sports, we require some specific health history information. Please complete the attached history form in its entirety and return with your child on the day of the sports physical.

Please sign below to grant us permission to perform the physical exam and assessment. If your child does not present with consent form he/she **will not** be able to participate in the physical examination.

I give my permission for WellOne Primary Medical to perform a sports physical on _____, Address

I certify that I am the legal guardian for this child.
Signature _____ Date _____

Thank you
WellOne Primary Medical and Dental Care