GREAT NECK PUBLIC SCHOOLS

Parental Consent for Examination of a Minor

Name: _____ DOB: _____

By this signature, I hereby consent to allow the school physician(s) and other health care provider(s) selected by the school to perform a pre-participation examination on my child. I further consent to allow said physician(s) or health care provider(s) to share appropriate information concerning my child that is relevant to participation in athletics and activities with coaches and other school personnel as deemed necessary.

The pre-participation physical examination is not a substitute for a thorough annual examination by a student's primary care physician

Parent Name: _____

Parent Signature: _____

Date: _____