CONSENT TO PARTICIPATE IN ST. BERNARDS PRE-PARTICIPATION EVALUATIONS

I, the parent or legal guardian of Student or Student (if over 18 years of age), hereby authorize St. Bernard's Hospital, Inc. dba St. Bernards Medical Center, Cardiology Associates of Jonesboro, Inc. dba St. Bernards Heart & Vascular, Student's athletic trainer and any providers or provider's assistants at the 2026 St. Bernards Pre-Participation Evaluations to perform pre-participation physical evaluations ("Evaluations"), including physical screening exams, on Student. I understand Evaluations are not comprehensive exams. I understand Evaluations are not intended to provide treatment or create a physician- patient relationship.

I understand that the Evaluations cannot detect all health problems or prevent injury from athletic participation. I understand that if a follow-up evaluation is recommended, it is my responsibility to seek care from the appropriate provider.

I have completed and reviewed the Pre-Participation Physical Evaluation- History Form ("History Form"). I represent that my responses on the History Form are complete, true and correct to the best of my knowledge, information and belief.

Student Name: _____

Student Signature: _____

Date: _____

IF STUDENT IS A MINOR, A PARENT OR GUARDIAN MUST EXECUTE THE CONSENT

Parent or Guardian Name: _____

Parent or Guardian Signature: _____

Date: _____