



School-Based Sports Physical Consent & Information Sharing Form

Purpose:

Jeffco Public Schools is offering school-based sports physicals to help students meet requirements for athletic participation set forth by CHSAA. These exams are performed by licensed nurse practitioners (APRNs) under the supervision of Health Services.

Student Information

Student Name: _____

Date of Birth: _____

School: _____

Grade: _____

Sport(s): _____

Consent for Examination

I authorize the Jeffco Public Schools Health Services staff, including licensed nurse practitioners, to perform a **pre-participation physical examination** on my child to determine readiness for athletic participation.

I understand that:

- This exam is a **limited assessment** to determine physical fitness for school sports.
- It **does not replace** a comprehensive medical evaluation or ongoing care from my child's primary healthcare provider.
- I will be informed if the examiner identifies any condition requiring follow-up care.
- No treatment will be provided during this exam other than basic first aid or emergency care if needed.
- I may withdraw consent at any time prior to the exam.



Parent/Guardian Signature: _____

Date: _____

Printed Name: _____

2. Consent to Share Information

I authorize Jeffco Public Schools Health Services to release information from my child's sports physical, including the clearance status and any activity restrictions, to:

- The school's **athletic director or coach** for eligibility purposes, and
- The **school nurse or health staff** for care coordination as needed.

This information will be protected under the **Family Educational Rights and Privacy Act (FERPA)** and may not be shared beyond these school officials without additional written consent.

Parent/Guardian Initials: _____ (required to authorize sharing)

3. Student Acknowledgment (recommended for grades 6–12)

I understand that this exam is for sports participation only and that I should tell the examiner about any injuries, illnesses, or conditions that could affect my ability to play safely.

Student Signature: _____

Date: _____

4. Notice of Privacy and Recordkeeping

Records from this exam will become part of the student's confidential **school health record** and will be stored in accordance with district policy and FERPA regulations. Copies may be shared with the parent/guardian upon request.