

Student ID # _____

Name _____

Homeroom _____

PARENT CONSENT FORM

Dr. Peter Harvey F.A.A.F.P. and a group of physicians from Jamaica Hospital have been conducting a **free** Sports Medicine Clinic to do physicals and evaluate athletic injuries during the school year. This service is being extended to those students who participate in Interscholastic Athletics at Molloy.

If you would like to have your son/daughter evaluated at this time and during the year, we will need to have your consent. Please sign on the line below and have your child return this form to Mrs. M Gallagher RN so that an appointment may be made.

Thank you,

Mrs. M Gallagher RN

Parent's Signature _____ Date _____