



# Sports Medicine Center

Pomona Valley Hospital Medical Center • 1798 N. Garey Avenue • Pomona, CA 91767 • (909) 865-9810

Affiliated with PVHMC  
Physical Therapy &  
Rehabilitation

## Preparticipation Physical Evaluation — CONSENT FORM

By signing this document, I hereby grant permission for the staff at the FHC Sports Medicine Center and its affiliate Pomona Valley Hospital Medical Center to perform a preparticipation examination on my student-athlete.

Name of student-athlete \_\_\_\_\_ School \_\_\_\_\_  
(print/type)

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

- I understand and agree that the information obtained from this examination may be used anonymously in academic research study with the purpose of evaluating the sports medicine needs in our community.
  
- Please do not use the information obtained from this examination in academic research study.