



Sports Physical/Well-Child Check Parental/Guardian Consent Form for Visit Without Parent/Guardian Present

Eastern Shore Rural Health System, Inc. (ESRHS), in order to facilitate your child's participation in school sponsored sports activities, will be offering sports physicals and /or well-child checks at the Eastville Community Health Center.

CORPORATE OFFICE

20280 Market Street
Onancock, VA 23417
757-414-0400
Fax 757-414-0569
Billing 757-414-0431
www.esrh.org
E-mail: info@esrh.org

COMMUNITY HEALTH CENTERS

Atlantic CHC
757-824-5676

Chincoteague Island CHC
757-336-3682

Eastville CHC
757-331-1086

Franktown CHC
757-442-4819

Onley CHC
757-787-7374

SCHOOL DENTAL PROGRAMS

Kiptopeke Elementary
757-331-1048

Metompkin Elementary
757-665-1159

Nandua Middle
757-787-3494

Ocohanock Elementary
757-331-1048

Pungoteague Elementary
757-789-7777

ATLANTIC COMMUNITY PHARMACY

757-824-4477
eshrhx.org

EXPRESS CARE

757-787-1465
expresscare.esrh.org

If your child has completed a well-child check on or after May 1, 2024 we DO NOT need to see your child and will complete the sports physical paperwork at no charge.

If your child is up to date with an annual well-child check, prior to May 1, 2024 we will complete a sports physical and will bill the insurance when covered. If not covered, you will be billed a nominal fee of \$20.00.

If your child is not up to date with an annual well-child check we will provide a comprehensive assessment and bill the insurance.

During these exams the provider may determine that your child either requires or has the opportunity to receive specific immunizations recommended by the Center for Disease Control (CDC). We would like to be able to provide these vaccines at the time of the visit (please see below for authorization).

I, _____, parent or legal guardian of _____, date of birth ____/____/_____, consent to Eastern Shore Rural Health System, Inc. (ESRHS) providing the above named student, a sports physical or well-child check without a parent or guardian present at the time of service.

I understand that:

- Any identified health issues will be brought to my attention.
- I understand that I can contact the provider conducting the WCC/Sports PE at ECHC.
- Pages **1, 2, and 4** of the sports physical **MUST** be completed and signed by either **THE PARENT OR LEGAL GUARDIAN** in order for the student-athlete to participate.
- The student must arrive at ECHC **no later than 1:00 pm** for their sports physical.
- Please send your insurance card to school with your child and the school will make a copy (front and back) to submit with your completed paperwork to ESRH in advance of the event (includes consent form, sports physical form, and completed ESRH registration).

Please **INITIAL** the appropriate line if you wish your child to receive any of the following vaccinations:

- _____ - NO VACCINATIONS
- _____ - State required school vaccinations including T dap, Meningococcal serogroup A, C, W, Y vaccination (if not up to date)
- _____ - Human Papillomavirus (HPV) Vaccine (State required)
- _____ - Covid-19 vaccine (or applicable booster)

Signature of Parent or Guardian

Date

Printed name of Parent or Guardian

(____) _____
Best parent/guardian phone #

(____) _____
Additional phone #