



ST. VINCENT'S  
MOBILE HEALTH OUTREACH MINISTRY

Consent form for:       School Physical       Sports Physical

I hereby consent for *(child's name – first, MI, last)* \_\_\_\_\_  
to submit to a school physical, sports physical, and/or other health visit as part of the preventative health  
services provided by the staff of St. Vincent's Mobile Health Outreach Ministry on \_\_\_\_\_.

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_ Phone number: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

School child attends: \_\_\_\_\_ Grade: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ phone # \_\_\_\_\_

Allergies to food, medicine, latex *(please list)*: \_\_\_\_\_

\_\_\_\_\_

Health Issues *(asthma, diabetes, etc)*: \_\_\_\_\_

Previous Surgeries or Serious Injuries *(include year or age of child when occurred)*: \_\_\_\_\_

\_\_\_\_\_

Is child taking any medications or health supplements at this time - if so please list: \_\_\_\_\_

\_\_\_\_\_

Ethnicity:            Asian   Black/Afro-American   Hispanic  
(Please check one)   Native American Indian   Other   White/Caucasian

Language spoken in the home \_\_\_\_\_

Does the child have health insurance? *(For statistics only. We do not file insurance claims.)* Please check one:  
No Insurance      State Insurance (Medicaid, CMS, etc)      Other Insurance (private, Tricare, etc)

Name of Health Insurance: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Print Name of Parent/Legal Guardian

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Relationship to Child