



# Global Outreach Charter Academy #122

## Tuition-Free Public School

9570 Regency Square Boulevard \* Jacksonville, Florida 32225

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CEO

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Principal

## Sports Physical at School Parent Consent Form

I, \_\_\_\_\_, parent or legal guardian of  
(parent/guardian name)

\_\_\_\_\_, born \_\_\_\_/\_\_\_\_/\_\_\_\_, do  
(student athlete name) (student athlete's date of birth)

hereby authorize a sports/school physical on 8 / 30 / 2016 at  
(date of sports physical exam)

9570 Regency Square Blvd, Jacksonville, FL 32225 in the Duval County Public  
(school/location of sports physical exam)

School District, for my child, a student at Global Outreach Charter Academy.  
(student athlete's school)

I understand this is a pre-season sports physical screening exam. It is not a comprehensive exam and it is not intended to provide treatment nor to create a physician/patient relationship. I understand that athletic participation comes with the risk of injury. This screening exam cannot detect all problems or prevent injury from athletic participation. I understand that if follow-up evaluation is recommended, it is my responsibility to seek care from an appropriate provider.

I certify I am the parent/legal guardian for this athlete/minor. I understand the information above.

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

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Parent/Guardian Day Contact Number