

Dear Edmonds Community,

Physicians and nursing staff from Edmonds Family Medicine (EFM) have generously donated sports physical exams for students in the Edmonds School District participating in any school sport throughout the 2014-15 School year.

Exams will be on **Thursday, June 5, 2:30-6:30pm**, in 15-minute time slots at EWHS.

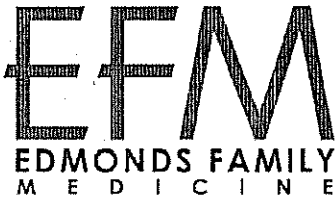
Students must personally **signup with Denise Lewis, EWHS athletic Secretary** in the athletic attendance office. Signups can be requested initially **by email** to lewisde@edmonds.wednet.edu however, the student's guardian must complete the consent form in order to receive a time slot for the exam.

There is \$15 suggested donation, cash or check to ESD, will be directed towards EWHS programs such as sports medicine.

The exam will include vital signs and heart, lung and spine exams. Records of the exams will be kept with EFM and the student will have the ESD medical exam form signed as required for sports participation, which will be valid per ESD policy, until June 2016. This is not a service meant as a substitute for a student's physician with whom they have an ongoing relationship. It is a service intended to assist those students with financially challenging healthcare costs.

Students are encouraged to come with a parent or guardian, but not required.

Thank you,
Terry Schlesinger-Parker, MD
coordinator
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Paul Bagnulo MD
 Ann Begert MD
 Martha S Bennett MD
 Robert Bettis MD
 Ginger Blakeney MD
 Sandra Borg MD
 Ross Carey MD

Stephen Carter MD
 Mark Hanson MD
 Rachel Hollister MD
 Myra Horiuchi MD
 Mary Jo Kintner MD
 Donald Moe MD
 Joseph Petrin MD

Martin Proudfoot MD
 Susanne Quistgaard MD
 Christopher Sargent MD
 Jae Sim MD
 David Taibleson MD
 Donald Tesch MD
 Andrew Thurman MD

Mary Ellen Tolberg MD
 Daniel Weakly MD
 Shawn West MD
 Angela Yue MD
 Kelly Yukevich ARNP
 Marcy Shimada CEO

Consent to Medical Care and Treatment of Minor Children

I, _____, the natural parent/ legal guardian of: _____, authorize and consent to have the following medical care delivered in my absence at Edmonds Family Medicine Clinic.

<ul style="list-style-type: none"> • Allergy injections <input type="checkbox"/> • Emergent care (sutures, casts, etc.) <input type="checkbox"/> • F/U care e.g.: my son or daughter may be seen without me for routine care and follow up appointments <input type="checkbox"/> • School and/or sports <input checked="" type="checkbox"/> 	<ul style="list-style-type: none"> • Suture removal <input type="checkbox"/> • Medication Administration <input type="checkbox"/> • Immunizations <input type="checkbox"/> • X-rays <input type="checkbox"/> • Laboratory studies <input type="checkbox"/>
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I hereby agree to accept responsibility for any financial indebtedness incurred, at the physicians' office. I agree to pay all necessary services at the current rate.

Child's Name: _____ (print)

Parent/Guardian: _____ (signature)

Witness: _____ (signature)

Date effective: _____ Date expired: _____

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Board Certified American Board of Family Medicine

Walk-in-Clinic Hours:
 Monday—Friday 9am-8pm
 Saturday & Sunday 9am-4pm
 www.psfp.net

Member of Puget Sound Family Physicians

Empowering people to lead healthier lives