



**University of Utah
College of Nursing**
10 South 2000 East
Salt Lake City, Utah
84112
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Health and Physical Assessment PARENT/GUARDIAN CONSENT FORM

Name of Minor: _____ Date of Birth: _____
Address: _____ Phone Number: _____

By signing below, I, the parent or legal guardian of the above named minor, hereby consent for my child to participate in the health and physical assessments conducted by the University of Utah College of Nursing faculty and students. These assessments are primarily given for the educational benefit of our nurse practitioner students in training. The assessments include, but are not limited to, the items listed below. Please place a check mark next to each of the procedures to which you give consent.

- Yes No Height, Weight, Body Mass Index, Blood Pressure, and Heart Rate
- Yes No Vision Screening
- Yes No Review of Health History
- Yes No Complete Physical Examination

I waive all claims of any kind against any and all of the organizations or persons described above.

I agree to comply with all University of Utah policies and procedures while participating in the health and physical assessments.

I certify that all information contained in this form and health/medical history form is correct.

I also understand that this assessment does not replace routine and regular health care for my child.

If any physical/medical condition is identified in this health assessment, I understand that I may need to obtain further medical assessment.

Student Signature: _____ Date: _____

Parent/Guardian Name: (please print) _____

Parent/Guardian Signature: _____