

# PARENTAL/GUARDIAN RELEASE STATEMENT

**\*DR. RUSSELL ELLIS, D.C.**  
(818) 701-0712  
9029 RESEDA BLVD., SUITE 206  
NORTHRIDGE, CA 91324

**\*DR. ROBERT PATTERSON, D.C.**  
(818) 349-6060  
8949 RESEDA, Suite 112  
NORTHRIDGE, CA 91324

**PARENTS/GUARDIANS: It is recommended that you accompany your adolescent in case there are any health concerns that need to be communicated or additional tests necessary to complete the examination. In most cases, students are released to full participation. However, we advise that you attend so that the student does not distress or there is no miscommunication of any of the doctor's findings or recommendations.**

**If, however, you or another adult familiar with the student's health history are unable to attend the examination, please fill out the section below for the student to bring with them. Students without parental attendance or a signed form will not be examined.**

As the parent or legal guardian of \_\_\_\_\_, I give permission for him/her to be examined  
(Student's Name)

as required by CIF regulations for the purpose of participating in LAB Jr/Sr High School athletics. I understand that they will be examined in all physical systems relative to the involvement of their particular sport(s), and that the doctors will rely solely on information provided by the student in response to questions regarding their physical condition and health history. I am aware that any inability of the student to communicate information to the doctor that sufficiently removes potential health risks may result in the need for further diagnostic testing or evaluation before the student can be permitted to participate in competitive athletics. I accept responsibility to obtain any additional medical information necessary for the doctors to issue a release for participation for my student.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name Printed or Typed

\_\_\_\_\_  
Daytime Phone

**\*THIS COMPLETED FORM IS TO ACCOMPANY THE ATHLETE AND BE GIVEN TO DR. ELLIS OR DR. PATTERSON PHYSICIAN FOR THEIR RECORDS.**