



THE
Wyndcroft
SCHOOL

UPPER SCHOOL SPORTS AND ATHLETICS PROGRAM PHYSICIAN RELEASE

Student's Name: _____ **Grade:** _____

The Wyndcroft School sponsors sports and athletics for students in grades 6-8. Each school year, a new release form must be signed and submitted.

Physician's Release:

I have examined the above named student and find the following:

_____ **NO RESTRICTIONS** for any type of physical activity in The Wyndcroft School Sports and Athletics Program.

_____ **RESTRICT** from participation in Sports and Athletics Program for the following activities:

Basketball	Cross Country	Field Hockey	Lacrosse	Soccer	Fitness/PE Class

Please include any special medical condition of which we should be aware (including concussion).

COMMENTS: _____

Physician Signature

Date

*The Wyndcroft School
1395 Wilson Street
Pottstown, PA 19464
Phone: 610-326-0544
Fax: 610-326-9931*

Physician Name (print), Address, Phone Number

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