



## 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	Lacrosse	Soccer	Fitness/PE Class

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

\_\_\_\_\_  
\_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Physician Signature**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Physician Name (print), Address, Phone Number

\_\_\_\_\_  
**Date**

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