

PARENTAL PERMISSION:

I the undersigned, clearly understand these questions are asked in order to decide if my child can safely participate on the athletic team. The answers are correct as of this date and he/she has my permission to participate.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PLEASE RETURN TO THE SCHOOL HEALTH OFFICE

TO BE COMPLETED BY THE SCHOOL HEALTH OFFICE

Date of last appraisal: _____ Limitations? ____ Yes ____ No

Sport Participation: ____ Approved ____ Referred to School Physician

Signature: _____ Date: _____
(School Health Office)

If referred to the School Physician:

Re-Qualified ____ Disqualified ____

Physician Comments:

Signature: _____ Date: _____
(School Physician)