

**SCHOOL DISTRICT OF PITTSBURGH**

**STUDENT SUPPORT SERVICES**  
**OFFICES OF INTERSCHOLASTIC ATHLETICS AND**  
**HEALTH SERVICES**

**PARENT PERMISSION FOR COMPLETION OF ATHLETIC PHYSICAL**

Please sign this form if you want your child's sports physical to be completed by the school district's nurse practitioner or school physician.

I request that the school nurse practitioner or the school physician complete my child's pre-participation physical including any required recertification physicals during the school year.

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Signature of Parent/Guardian and Date

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Student's Name and Grade (Printed)

**NOTES: All parts of the forms MUST be completed, or your child WILL NOT get a physical from Pittsburgh Public Schools.**

**Your child turns in this completed/signed packet to the Faculty Manager of Athletics at the school.**