

PERMISSION FOR SPORTS PHYSICAL

Section A (filled out by parent)

I give permission for my child to have a sports physical done by the school medical officer.

Allergies _____

Asthma _____

Recent injury or illness _____

Significant medical history we should be aware of

Parent signature _____ **Date** _____

Student name _____

***RETURN SIGNED AND DATED PERMISSION FORM
TO THE HEALTH OFFICE.***

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Section B (to be completed by nurse)

Student name _____

is scheduled to have a sports physical on:
