

This form is to be completed by a physician and returned to the nurse's office prior to the start of the athletic season.

Physician's Permit

I have examined this student on this date and find him/her to be physically fit for interscholastic athletics.

Physician's Information:

Physician's Name (printed): \_\_\_\_\_

\_\_\_\_\_ M.D. Date of exam: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature Athlete: \_\_\_\_\_ Date: \_\_\_\_\_

Signature Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_