

HEALTH STATEMENT AND PARENT'S CONSENT

www.athleticclearance.com

Student's Name _____
Last First Middle Initial

PHYSICIAN TO COMPLETE

I hereby certify that the above-named student is physically fit to engage in sports.

DR. OFFICE STAMP

Has the student had any injury or physical condition that should be watched? _____

If yes, please list: _____

Signature and Title Date

Printed Name

PARENT TO COMPLETE

List company name, policy number, and local claims address of student's health and accident insurance:

(Company Name) (Policy Number)

(Claims Office Address)

I hereby give my consent for the above-named student to compete in sports. I authorize the student to go with and be supervised by a representative of the school on any trips. In case this student becomes ill or is injured, you are authorized to have the student treated and I authorize the medical agency to render treatment.

(Date) (Signature of Parent or Guardian)

THIS CARD IS FILED IN THE SCHOOL ATHLETIC OFFICE.