

Grade Level _____

Exp. Date _____
(for office use only)

**MIDDLE SCHOOL STATEMENT
BY PHYSICIAN AND PARENT
FOR ATHLETIC PARTICIPATION**

PHYSICIAN'S STATEMENT

I hereby certify that I have examined _____ and he/she was found physically fit to engage in athletics/activities at _____ Middle School.

Please indicate sport(s) in which student **SHOULD NOT** participate:

Please indicate by checking the box if the student has been screened for:

() Scoliosis () Vision () Hearing

Physician Signature: _____ Date: _____

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PARENT/GUARDIAN STATEMENT

I hereby give my consent for _____ to compete in athletics/activities for _____ Middle School. Please indicate any sport(s) in which the student **DOES NOT** have your permission to participate: _____

Parent/Guardian Signature: _____ Date: _____