



**The John Crosland School  
Sports Physical Form**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Telephone # \_\_\_\_\_

The above named student has been examined. There are no apparent conflicts to participation in school activities. In addition, I have found him/her to be physically able to participate in all competitive sports offered by the school.

**IMPORTANT:** If the child has any of the following, please describe symptoms and treatment.

1. Specify allergy to food, medication or insect bites: \_\_\_\_\_
2. Current medications: \_\_\_\_\_
3. Physical impairment that would limit physical activities: \_\_\_\_\_

**Cleared to participate in athletics until July 20** \_\_\_ \_\_\_ **Yes** \_\_\_ **No**

**Physician's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

Office Phone \_\_\_\_\_ After Hours Phone \_\_\_\_\_