

**The John Crosland School
2012-2013 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 2013 **Yes** **No**

Physician's Signature _____

Date _____

Office Phone _____ After Hours Phone _____
