SOUTH WINDSOR HIGH SCHOOL

Physician's Statement

I hereby certify that

_____ is in good health and physically able to participate in all sports including contact sports. This certificate is valid for the 2023-2024 school year unless voided by any serious injury or illness.

I have listed below any known conditions, illnesses, allergies, or prior injuries which could affect participation in sports and/or medical treatment.

_____

_____

Physician's Name (printed): _____

Physician's Signature: _____

Date: _____ **(*must be after June 1, 2023)**

Student Name (printed): _____**Grade:** _____

Sport: Fall: _____

Winter: _____

Spring: _____