



# SOUTH WINDSOR HIGH SCHOOL

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## Physician's Statement 2018-2019

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 2018-2019 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.

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Physician's Name (printed): \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ (must be after June 1, 2018)

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Student Name (printed): \_\_\_\_\_ Grade: \_\_\_\_\_

Sport: Fall: \_\_\_\_\_

Winter: \_\_\_\_\_

Spring: \_\_\_\_\_

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