

PARENTAL INFORMATION

Parent/Guardian Name: _____

Address: _____ City: _____

Parent/Guardian Signature: _____ Date: _____

STATEMENT OF PHYSICAL FITNESS

A physical statement signed by a physician within one (1) year of application is required.

If school nurse maintains records, a signature of the nurse verifying that a physical has been completed and that no restrictions were noted.

Date of Physical: _____

Signature of School Nurse: _____ Date: _____