

JOCKEY HOLLOW MIDDLE SCHOOL

*******RETURN TO COACH*******

MEDICAL AUTHORIZATION FOR SPORTS PARTICIPATION

A physical examination within the past year is required prior to participation in inter-scholastic sports. Please have your physician certify that your child is physically fit to participate.

_____	_____	_____
Student's Name	Date of Birth	Grade
_____	_____	
Parent/Guardian Signature	Telephone	

PHYSICIAN'S CERTIFICATION

I certify that on _____ I examined this student and have found no reason that would make it medically inadvisable for him/her to compete in all supervised sports activities.

PLEASE NOTE ANY EXCEPTIONS

_____	_____
Physician's Signature	Printed – typed or stamped name
_____	_____
Date Signed	Telephone #
_____	_____
Parent/Guardian Signature	Date