

Sports Medical Consent Form

_____ has been examined and is healthy and fit
enough to safely participate in the following sports:

_____ Basketball

_____ Baseball

_____ Cheerleading

_____ Softball

_____ Volleyball

_____ Soccer

Signature of Physician _____

Date of Physical _____

Revised 8/09/04

St. John's Lutheran School
663 Manor Road Staten Island, NY 10314
718-761-1858

Parental Permission for Sports Participation

I, the Parent/Guardian of _____, grade _____

do certify that he/she has my permission to participate in the extra-curricula athletic program at
St. John's Lutheran School and is healthy and fit to safely participate in the sport(s) as certified
by my child's physician.

Signature of Parent/Guardian _____

Date _____