



McHenry Elementary School District 15

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CONSENT FOR SPORTS PHYSICAL

I, _____, parent/guardian of _____,
(print name of parent/guardian) (print name of student)

give my permission that my student may receive a sports physical at school by the health care providers of Centegra Health System. I understand that if there are medical concerns, I will be referred to my family physician.

Signature of Parent/Guardian

Date

Attached is a two-sided sports physical form. This form must be fully completed in order for Centegra Health System to complete a sports physical at school for your student.

Please return completed consent form, physical form, and payment to the Health Office of your student's middle school.