

NEWINGTON PUBLIC SCHOOLS
PERMISSION FOR SPORTS PHYSICAL

This form is not necessary for physicals done by your own physician.

**PARENTS MUST COMPLETE THIS FORM AND SIGN BELOW
FOR
PHYSICALS DONE BY THE SCHOOL DOCTOR ONLY
PARENTS, PLEASE FILL OUT AND SIGN BELOW AND THE FRONT
OF THE BLUE FORM TO MEET STATE MANDATED
REQUIREMENTS.**

Student athlete name _____ ID# _____ Date of Birth _____ Grade _____ Sports(s) _____

I give permission for a school doctor to perform a pre-participation physical.

Signed _____
(parent/guardian)

Signed _____
(student athlete)

SCHOOL PHYSICALS CANNOT BE DONE WITHOUT WRITTEN PARENTAL PERMISSION.

NOTE: The Newington Athletic Department requires that physicals done by the school physician must be done each school year. Physicals done in school will be good for this school year only.

School