

Essex County Schools of Technology

(TO BE COMPLETED BY PARENT *ONLY* IF STUDENT REQUESTS SUMMER PHYSICAL BY SCHOOL DOCTOR)

This form to be presented to the **Summer School Nurse** (@ Payne Tech) during Summer Physicals

Student \_\_\_\_\_/Grade \_\_\_\_\_

My child is in need of a Sports' Physical from the School Doctor for

**BOYS' SOCCER / GIRLS' VOLLEYBALL / CROSS COUNTRY / CHEER SQUAD / GIRLS' SOCCER / Other:** \_\_\_\_\_

(circle one)

My child's permanent health record is kept & secured at \_\_\_\_\_ **(school)** and will not be able to be accessed for review during the Summer Physicals; therefore, **I attest to the following:**

My child was not denied active participation in gym during the 2017-2018 school year. My child was not directed to obtain medical clearance from his/her private doctor prior to gym or any sport during the 2017-2018 school year.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_