

Physician's Consent Form

The athlete named below desires to participate in the sport of Track & Field. This may include but not be limited to running, jumping, stretching, and strength training.

Athlete's Full Name (please print or type)

As the athlete's licensed physician, I have given the required physical and have found the following:

Check One:

_____ The athlete has been cleared for participation.

_____ The athlete has been cleared for participation with conditions (please list).

_____ The athlete has NOT been cleared for participation at this time

Signature of Attending Physician

Date