

## ATHLETIC PHYSICALS

Your appointment time: \_\_\_\_\_

You need to bring to your appointment:

- Your yellow physical form with:
  - Your name on the front and back
  - Your parent's signature in TWO places
    - On the bottom of the back side of the physical form
    - On the consent at the bottom of this memo
  - All history information completed by a parent, on the front page
  - "Grade" (top line, right side), is the grade you will be in next year

YOU WILL NOT BE ABLE TO CONTINUE WITH THE PHYSICAL UNLESS YOUR PARENT HAS SIGNED **BOTH** FORMS

If you have any questions, please call (name, school position, and telephone number)

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## CONSENT FOR ATHLETIC PHYSICAL

PRINT the name of student to receive athletic physical:

\_\_\_\_\_  
(Last) (First) (Date of Birth)

As the parent or legal guardian of the student named above, I give my permission for members of the Sioux Center/Hull Medical Clinics to perform an Athletic Pre-participation Physical Examination as required by the State of Iowa.

Signature of Parent/Guardian \_\_\_\_\_

Name of Parent/Guardian (please print) \_\_\_\_\_

Today's Date \_\_\_\_\_