

Make-Up Athletic Physicals

July 28 at Sioux Center Health Medical Clinic from 2:30 - 5:30 pm.

Your appointment time is _____

You need to bring to your appointment:

1. Your physical form with:
 - a. Your name on the front and back
 - b. Your parent's signature in TWO places
 - i. On the bottom of the back side of the physical form
 - ii. On the consent at the bottom of this memo
 - c. All history information completed by a parent, on the front page
 - d. "Grade" (top line, right side), is the grade you will be in next year (2014-2015)
2. \$20 for the physical – make checks payable to the Sioux Center Health Medical Clinic

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)

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 Clinic 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 _____