

Students desiring to participate in the athletic program at Savannah Christian Middle School must provide evidence that their physical condition should not preclude them from doing so. When completed, the form below (or the equivalent, if the physician prefers to use his own form) accomplishes this requirement. Physician's statements are good for a period of twelve (12) months from date executed. This form should be returned to:

Savannah Christian Middle School

2415 East DeRenne Avenue
Savannah, Georgia 31406
Phone: (912) 355-2693, Extension 100
FAX: (912) 352-7397
E-Mail: middleschool@savcps.com

Name of Physician: _____

Address: _____

City/State/Zip: _____

Telephone: _____

(A stamped impression with the above information is acceptable.)

PHYSICIAN'S PHYSICAL STATEMENT

For

(Name of Student)

1. On the basis of a physical examination and/or a review of the above individual's medical history, I find that (s)he is in good health, with the following exceptions:
 None or _____
2. The above individual may participate in all physical activities, including contact sports, with the following exceptions:
 None or _____
3. Special instructions, i.e., diet, medications, allergies, precautions, etc.
 None or _____

Physician's Signature: _____

Date: _____

(Please use the reverse side of this form for any additional comments.)