



NORTHSTAR SPORTS PARTICIPATION PARENTAL CONSENT/PHYSICAL FORM

I certify that on this date I examined this student and reviewed the medical history furnished to me. Based on my examination and review of this student's medical history this student is physically able to participate in athletic and competitive sports activities. I clear this student to participate in athletic and competitive sports activities for one year.

Examining Practitioner's Signature _____ **Date of Examination:** _____

Address: _____ Phone Number: _____

NOTE: THIS FORM MUST BE COMPLETELY FILLED OUT AND FILED WITH NORTHSTAR PRIOR TO THE STUDENT'S PARTICIPATION IN SPORTS ACTIVITIES.