# City of Chicopee

**Chicopee Public Schools**
134 Dulong Circle, Chicopee, MA 01022


## PHYSICAL AUTHORIZATION FORM

I/we, the undersigned parent(s)/guardian(s)/caregiver(s) of _____ give permission for Elms College Doctor of Nursing Practice Students to perform a Physical Exam on my child.

***Parent/Guardian Signature:***

_____

Name and Signature of Parent/Guardian  Relationship to Student  Date

***Important Note: This Form May Not Be Altered in Any Manner**


*The Chicopee Public Schools does not exclude from participation, deny benefits of Chicopee Public Schools from or otherwise discriminate against individuals on the basis of race, color, sex, age, gender identity, religion, national origin, sexual orientation, disability, genetic information, active military/veteran status, pregnancy or pregnancy-related conditions, or any other category protected by state or federal law in the administration of its educational and employment policies, or in its programs and activities.*