

RSU 34 ATHLETICS



ATHLETIC DEPT

(Form D)

Physical Waiver Form

This form is to be completed by parents/guardians and the students primary care to supplement any delays in the required sports physical. **The expectation is the student will have a sports physical completed by the end of the academic year to replace this waiver, if this cannot be accomplished student eligibility to participate will be revoked.**

Parent/Guardian Section:

Student's Name: _____ Grade: _____ Age: _____
Home Address: _____ Town: _____
Parent/Guardian's Name: _____ Tel. #: _____
In Case of an Emergency: _____ Tel. #: _____

Reason for the waiver:

Parent/Guardian Signature: _____ Date: _____

Primary Care Physician Section:

Primary Care Name: _____ Tel. #: _____

Date of last medical exam: _____ Anticipated Date of next student physical: _____

At this current date, is the student cleared to compete in Athletics at the High School Level:

Yes: _____ No: _____

Current Student Safety/Concerns:

RETURN TO or FAX TO THE ATHLETIC DEPARTMENT at OTHS

Fax Number: (207) 827 - 3918

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Primary Care/Physician Signature: _____

Date: _____

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