UNIT 74 PUBLIC SCHOOL

PARENT CONSENT FOR HEALTH SERVICES

(PRINT STUDENTS NAME)_____ WILL PARTICIPATE IN THE FLANAGAN COMMUNITY HIGH SCHOOL SPORTS PHYSICAL DAY TO BE HELD AT FCHS ON WEDNESDAY JULY 23RD, 2025 FROM 8A – 1130 AM.

I RELEASE FCHS, ITS ADMINISTRATORS, BOARD MEMBERS AND STAFF FROM RESPONSIBILITY OF INJURY OR LIABILITY RELATED TO THE SPORT PHYSICAL DAY.

I GIVE PERMISSION FOR DANIELLE VANDERVEEN, PA TO EXAMINE MY CHILD AND DETERMINE IF HE/SHE IS PHYSICALLY FIT TO PARTICIPATE IN SPORTS. THIS GRANT OF CONSENT IS GOOD FOR JULY 23RD ONLY.

I AUTHORIZE OSF MEDICAL GROUP TO RELEASE A COPY OF THE COMPLETED PHYSICAL FORM TO FCHS.

PARENT SIGNATURE:_____ DATE:_____

STUDENT SIGNATURE:_____ DATE:_____

SPORTS PHYSICAL FEE:
$25

PAYABLE IN CASH OR CHECK MADE PAYABLE TO:

FLANAGAN COMMUNITY HIGH SCHOOL