

PORT JEFFERSON SCHOOL DISTRICT
OFFICE OF HEALTH, PHYSICAL EDUCATION AND ATHLETICS
350 OLD POST ROAD
PORT JEFFERSON, NY 11777
PHONE (631)791-4441 FAX (631)476-4403



Jessica Schmettan
Superintendent of Schools

Adam Sherrard
Director of Health, Physical Education, Athletics and Nursing

SPORTS PHYSICAL PARENT/GUARDIAN CONSENT

I give permission for _____ to be examined by
(Child's Name) *(Grade)*
the School Physician for the required physical exam to participate in sports and/or to fulfill the
New York State mandated 7th, 9th and 11th grade physicals.

Parent/Guardian
(Please Print)

Parent/Guardian
(Signature)

Date

****TO HAVE A SCHOOL PHYSICAL THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED TO THE HEALTH OFFICE BEFORE OR ON THE DATE OF THE STUDENT'S APPOINTMENT WITH THE SCHOOL DOCTOR****