

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 Ed., Athletics & Nursing

## SCHOOL PHYSICAL PARENT/GUARDIAN CONSENT

I give permission for \_\_\_\_\_ to be examined by 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 (*Signature*): \_\_\_\_\_

Date: \_\_\_\_\_

***\*Male students in or entering grades 7th through 12th who will be participating in Section XI sports will have a hernia check during their physical exam.***

\*\*\*\*\*

### OPT OUT

For the upcoming 2024/2024 school year

Students who have not submitted the state mandated physicals for grades 7th, 9th and 11th within 30 days from the start of the school year, will be automatically scheduled to see the school doctor in November 2024. If you do not want your child to be examined, please submit the Required NYS School Health Examination Form (enclosed in the mailing) by **10/2/24** and complete the opt out option below.

***I understand that my child is in a grade where the state mandates I provide a physical within 30 days of the start of classes. I want to opt my child \_\_\_\_\_ out of the school physical and will submit my private physical form by 10/2/24.***

Parent/Guardian (*Signature*): \_\_\_\_\_

Date: \_\_\_\_\_