

**Hermon School Department
Physical Release Form**

Please circle grade level: 5 - 6 - 7 - 8 - 9 - 10 - 11 - 12

Student Name: _____ Student DOB: _____

Physician's Printed Name: _____

The above named student has been examined by me and is physically fit to participate in interscholastic athletic activities. CHECK one of the four:

1. ALL Sports

2. Non-contact Sports

3. Other (please specify)

4. This student should not participate in sports.

Please note any allergies that may require use of an EpiPen, asthma with potential use of an inhaler or other medical conditions of which we should be aware.

Physician's Signature: _____

Date: _____

7/9/12