



Shaffer Elementary School

"Excellence In Education"
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BOARD OF TRUSTEES

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SHAFFER P.R.I.D.E.

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Superintendent/Principal

ATHLETIC HEALTH PHYSICAL AND PARENT CONSENT FORM

STUDENT'S NAME _____

I HEREBY CERTIFY THAT THE ABOVE NAMED STUDENT IS PHYSICALLY FIT TO ENGAGE IN INTERSCHOLASTIC SPORTS.

Physician's Signature

Date

Title

State License Number

I hereby give consent for my child, named above, to compete in interscholastic sports. I authorize my child to go with and be supervised by a representative of the school on any field trip. In case my child becomes ill or is injured, you are authorized to have him/her treated and I authorize the medical agency to render service.

Signature of Parent/Guardian

Date Signed

Print-Parent/Guardian's

Telephone Number

Mailing Address, City, Zip

Parent's Insurance Company

Policy Number

PHYSICAL EXPIRES AT THE END OF ONE YEAR