



POMONA HIGH SCHOOL
ATHLETICS

STATEMENT BY PHYSICIAN FOR
ATHLETIC PARTICIPATION
SCHOOL YEAR – 2017/2018

STUDENT NAME _____
(Print Name)

PARENT/GUARDIAN _____
(Signature Required)

PHYSICIAN INFORMATION

I hereby certify that I have examined _____
(STUDENT NAME)

The student was found physically fit to engage in athletics.

SIGNED _____
(Physician, Physician Assistant or Nurse Practitioner)

DATE _____

SUMMARY OF INFORMATION

No student shall tryout or represent his/her school in inter-school athletics until: there is a statement signed by his/her parents/legal guardian and a practicing physician certifying that he/she has passed an adequate physical examination within the past year, and that in of the opinion of the examining physician he/she is physically fit to participate in athletics; and that he/she has the consent of his/her parents/legal guardian to participate on file with the school.

PARENTS/GUARDIANS – PLEASE NOTE

If a student-athlete has been injured in practice and/or competition, the nature of which required medical attention, the student-athlete will not be permitted to return to practice and/or competition until he/she has received a release from a practicing physician.