

New Kensington Arnold School District

PARENT PERMISSION FOR COMPLETION OF ATHLETIC PHYSICAL

Please sign this form if you want your child's sports physical to be completed by the School District's Physician.

I request that the school Physician complete my child's pre-participation physical including anyrequired recertification physicals during the school year.

Signature of Parent/Guardian

Date

PLEASE COMPLETE THE ATTACHED PIAA FORM