



Shaffer Elementary School

"Excellence In Education"

P.O. Box 320

Litchfield, CA 96117

(530) 254-6577 FAX (530)-254-6126

www.shafferschool.com

BOARD OF TRUSTEES

Jon Hershberger

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"Character Counts"

Terri Abel

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 Name

Telephone Number

Mailing Address, City, Zip

Parent's Insurance Company

Policy Number

PHYSICAL EXPIRES AT THE END OF ONE YEAR