

Stonington Public Schools
North Stonington Road
P.O. Box 479
Old Mystic, Connecticut 06372

To: Parent or Guardian

Re: Physical Examinations – Sports Programs

Stonington School Board Policy #6145.1(a), 6145.2 states that all participants in the practice of play of Interscholastic Athletic Programs must have a physical examination before the start of the program.

Participants have the option to be examined by their family physician at their own expense, or by the school physician at the school.

Please complete the form below and return it to the school as soon as possible.

DETACH AND RETURN

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PHYSICAL EXAMINATION

I prefer to have my son/daughter, _____
(last name) *(first)*

Examined by: (please check)

Family Physician

School Physician

Date: _____

Signature (Parent or Guardian)

(7/2005/sm)