

Grace Lutheran Church and School

3321 S. Memorial Parkway, Huntsville, Alabama 35801-5342
Church: (256) 881-0552 School: (256) 881-0553
fax: (256) 881-0563

Church
E-mail: glc@gracelutheran-hsv.org

School
E-mail: glc@glc-hsv.org

Website: <http://www.gls-hsv.org>

PHYSICAL FORM

MEDICAL INFORMATION FOR EXTRA CURRICULAR ATHLETIC PROGRAM

VOLLEYBALL, BASKETBALL, CHEERLEADING, SOFTBALL, T-BALL, COACH-PITCH, TRACK, SOCCER, GOLF, TENNIS

School Year _____

Student's Name _____ Date of Birth _____

Parent's/Guardian's Name _____

Physician's Name _____

Physician's Statement:

I examined this student on (date)_____. I find him/her to be in good physical condition, free from contagious and infectious diseases, and capable of participating in extra curricular athletic activities, except as described below:

History of Allergies: _____

Medications used regularly: _____

Physician's Signature

Date

Parent's Signature

Date

COMPLETE AND RETURN TO ATHLETIC DIRECTOR