

Dear Parent/Guardian:

Please fill out and return the permission form(s) below and return it with your \$25.00 payment for the Sports Physical. If you are paying by check, please make your check payable to “**Beacon Medical Group.**”

Please fill out the transportation permission form ONLY if your child(ren) attends Walkerton Elementary School and will need transportation to the clinic at North Liberty.

The Sports Physical forms are available in each school office, so please pick one up for each child needing a physical. Please turn in permission form(s), physical forms, and payment to your school office. All paperwork and payment must be in the school office by the Monday prior to the clinic that your child is attending!

Thank you for your assistance!

Teresa Russell, R.N.

Sport Physical Permission Form

I give permission for _____ to participate in the Sport Physical Clinic at _____ on _____.
(school) (date)

I understand that this clinic is only for sports physicals, and that no medical treatment or advice will be given during the clinic. I release JGSC and Beacon Medical Group from any liability related to participating in this clinic.

Signature of Parent/Guardian

Date