



**Timothy Edwards Middle School**

100 Arnold Way  
South Windsor, CT 06074  
Phone: (860) 648-5030

Website: [www.southwindsorschools.org/tems](http://www.southwindsorschools.org/tems)

## PHYSICIAN'S STATEMENT FOR ATHLETIC PARTICIPATION

### Student Information

Student Name (printed): \_\_\_\_\_

Grade: \_\_\_\_\_

### 2018-2019 Sport:

Fall: \_\_\_\_\_

Winter: \_\_\_\_\_

Spring: \_\_\_\_\_

I hereby certify that the above-named student is in good health and physically able to participate in all sports including contact sports. This certificate is valid for the 2018-2019 school year unless voided by any serious injury or illness.

I have listed below any known conditions, illnesses, allergies, or prior injuries which could affect participation in sports and/or medical treatment.

**Notes from Physician:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Physician's Name (printed):** \_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_

**Date (must be after June 1, 2018):** \_\_\_\_\_

*Please return this form to the TEMS Main Office.*