



**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 2020-2021

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

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 **2020-2021** 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:***

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

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

Date (***must be after June 1, 2020***): \_\_\_\_\_

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