



**Steward Elementary School #220
602 Main Street, P.O. Box 76
Steward, IL 60553**

Lowell Taylor
Superintendent/Principal

Certificate of Physical Fitness for Participation in Athletics

2020 – 2021

STUDENT:		DATE OF BIRTH:	
SPORT / ACTIVITY:	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Basketball	<input type="checkbox"/> Cheerleading
	<input type="checkbox"/> Track	<input type="checkbox"/> Other _____	

I am the parent(s)/guardian(s) of the above identified student. I certify that my child/ward is in good physical health and is capable of participation in the above identified sport or activity. No need exists to limit his/her participation. I assume full responsibility for his/her physical condition and participation. I will provide notification of any changes in his/her physical condition.

PARENT(S)/GUARDIAN(S) NAME(S):			
HOME ADDRESS:			
PHONE NUMBER:		BUSINESS PHONE:	
PHYSICIAN'S NAME:		PHONE NUMBER:	

Medical History:

	YES	NO		YES	NO
Heart Condition			Epilepsy		
Allergies			Asthma		
Diabetes			Other		

* Has your student experienced any injuries and/or operations during the past year? YES NO If yes, please explain and includes date(s): _____

* Has your student's physical activity been restricted during the past year? YES NO If yes, please explain and include reason(s) and duration(s): _____

* Is your student taking any medication: YES NO If yes, please explain reason(s) and include name of medication(s): _____

Parent / Guardian Signature

Date

***** THIS FORM IS IN ADDITION TO THE SPORTS PHYSICAL FROM YOUR PHYSICIAN *****