

AUTHORIZATION FOR 2024-25 SCHOOL SPORTS PHYSICAL

Name of Child (print): _____

Child's Birth Date (print) : _____

Name of Consenting Parent/Legal Guardian (print): _____

By checking box of date physical completed, I DO authorize my child to have a sports physical for the 2024-2025 school year completed by an attending VBCH provider without my attendance.

- July 18, 2024
- July 25, 2024
- August 5, 2024

Signature of Consenting Parent/Legal Guardian:

Date