

CUSD 16, OLYMPIA HIGH SCHOOL
PARENT CONSENT FOR HEALTH SERVICES

(PRINT STUDENTS NAME)_____ WILL PARTICIPATE IN
THE OLYMPIA SCHOOL'S SPORTS PHYSICAL DAY TO BE HELD AT OLYMPIA HIGH SCHOOL ON FRIDAY,
JUNE 10, 2022 FROM 8AM – 12NOON.

I RELEASE CUSD 16, ITS ADMINISTRATORS, BOARD MEMBERS AND STAFF FROM RESPONSIBILITY OF
INJURY OR LIABILITY RELATED TO THE SPORT PHYSICAL DAY.

PLEASE ANSWER THE FOLLOWING:

Has your child had COVID in the past 18 months: YES / NO
(Please circle one)

I GIVE PERMISSION FOR HANNAH CORLEY, APN TO EXAMINE MY CHILD AND DETERMINE IF HE/SHE IS
PHYSICALLY FIT TO PARTICIPATE IN SPORTS. THIS GRANT OF CONSENT IS GOOD FOR JUNE 10TH ONLY.

I AUTHORIZE OSF MEDICAL GROUP TO RELEASE A COPY OF THE COMPLETED PHYSICAL FORM TO CUSD
16.

PARENT SIGNATURE:_____ DATE:_____

STUDENT SIGNATURE:_____ DATE:_____

SPORTS PHYSICAL FEE:
\$20

PAYABLE IN CASH OR CHECK MADE PAYABLE TO:

OSF HEALTHCARE

****Due to guidelines, we are unable to perform physicals on any student who
has tested positive for COVID in the past 6 months.**

Masks must be worn during the physical