

**WASHINGTON TOWNSHIP SCHOOL DISTRICT  
ATHLETIC DEPARTMENT**

**PARENT MEDICAL UPDATE STATEMENT  
(FOR INTERSCHOLASTIC SPORTS ONLY)**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Sport: \_\_\_\_\_ Date: \_\_\_\_\_

This notice certifies that my son/daughter, \_\_\_\_\_  
(Please print)

has had a change in medical status ( \_\_\_\_ Yes \_\_\_\_ No), since the date of his/her last athletic physical examination and is physically fit to participate in \_\_\_\_\_ (sport). If there has been a change in medical status in regard to hospitalization and operations, illnesses, injuries, care administered by a physical and/or medication, check YES and explain below.

\_\_\_\_\_  
Parent's Name (please print) Parent's Signature

Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ My child has been excluded from sports and/or physical activity. Attached is a clearance from my medical home treating physician with further explanation.

**NOTE: Student athletes will not be permitted to practice or try out for an athletic program until this form is completed and submitted to the Athletic Office.**