DONOVAN CATHOLIC
IT MAKES A DIFFERENCE

Rev. G. Scott Shaffer
Director

RECERTIFICATION FORM

Name: _____

Sport:_____ Grade in Sept._____

Date of last physical exam: _____

Since the student's most recent physical exam:

Did your child receive treatment for illness or injury? Yes___ No ____

Does your child have any restrictions due to injury? Yes_ No ____

If yes, did the physician give a note of permission

to return to sports? Yes_____ No _____

Do you feel that your child is physically able to

participate in this sport? Yes_____ No _____

Does your child take daily medications? Yes_____ No _____

Please list: _____

Does your child carry an Epipen or Auvi-Q for allergies? Yes__ No _____

If yes, does your child know how to administer it? Yes_____ No _____

What is your child allergic to? _____

Child's Physician: _____

Physician's Phone Number: _____

Parent Signature: _____

Date: _____

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