

# Poulsbo Middle School Athletics

## Physician's clearance to participate

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

\_\_\_\_\_ (Please print) was seen in our office today.

Is free to participate in any sports activities with **NO** restrictions.

Is restricted from returning until: \_\_\_\_\_

Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Physician

\_\_\_\_\_  
Phone Number