



THE  
Wyndcroft  
SCHOOL

UPPER SCHOOL SPORTS AND ATHLETICS PROGRAM  
PHYSICIAN RELEASE

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

The Wyndcroft School sponsors sports and athletics for students in grades 6-8. Each school year, a new release form must be signed and submitted.

**Physician's Release:**

I have examined the above named student and find the following:

\_\_\_\_\_ **NO RESTRICTIONS** for any type of physical activity in The Wyndcroft School Sports and Athletics Program for the 2018-2019 school year.

\_\_\_\_\_ **RESTRICT** from participation in Sports and Athletics Program for the following activities:

\_\_\_\_\_ Field Hockey      \_\_\_\_\_ Soccer      \_\_\_\_\_ Lacrosse      \_\_\_\_\_ Fitness/PE Class  
\_\_\_\_\_ Basketball      \_\_\_\_\_ Racquet Sports      \_\_\_\_\_ Karate  
\_\_\_\_\_ Cross Country      All \_\_\_\_\_

Please include any special medical condition of which we should be aware (including concussion).

\_\_\_\_\_  
\_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Physician Signature**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Physician Name (print), Address, Phone Number

\_\_\_\_\_  
**Date**

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