

# Manuel F. Cunha Intermediate School

## Athletic Permission and Physical Form

\_\_\_\_\_  
Athlete Last Name

\_\_\_\_\_  
Athlete First Name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Date

All students who participate in interscholastic sports must have medical and hospital benefits in the amount of \$1500 (Education Code 32220-24).

### **INSURANCE: select one**

OUR OWN MEDICAL INSURANCE. Carrier: \_\_\_\_\_

PACIFIC EDUCATORS, INC. (School Insurance)

### **PARENT SIGNATURE:**

I hereby give my consent for the above named (my child/ward) to compete in sports and to go with a representative of the school on any trips. In case this pupil is injured, you are authorized to have him/her treated.

EXCEPTION: \_\_\_\_\_ (Write "none" if none)

\_\_\_\_\_  
Guardian Printed Name

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date

### **PHYSICAL**

I have examined the above student and find him/her fit to participate in all interscholastic sports, with the exception of:

\_\_\_\_\_ (Write "none" if none)

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

\_\_\_\_\_  
Physician License Number

\_\_\_\_\_  
Date