



# Shaffer Elementary School

"Excellence In Education"

P.O. Box 320

Litchfield, CA 96117

(530) 254-6577 FAX (530)-254-6126

[www.shafferschool.com](http://www.shafferschool.com)

## BOARD OF TRUSTEES

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SHAFFER P.R.I.D.E.

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## ATHLETIC HEALTH PHYSICAL

## AND

## PARENT CONSENT FORM

STUDENT'S NAME \_\_\_\_\_ Grade \_\_\_\_\_

I HEREBY CERTIFY THAT THE ABOVE NAMED STUDENT IS PHYSICALLY FIT TO ENGAGE IN  
INTERSCHOLASTIC SPORTS.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
State License Number

I hereby give consent for my child, named above, to compete in interscholastic sports. I authorize my child to go with and be supervised by a representative of the school on any field trip. In case my child becomes ill or is injured, you are authorized to have him/her treated and I authorize the medical agency to render service.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Print-Parent/Guardian's

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Mailing Address, City, Zip

\_\_\_\_\_  
Parent's Insurance Company

\_\_\_\_\_  
Policy Number

PHYSICAL EXPIRES AT THE END OF ONE YEAR