



# **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)

*Lynda Joseph*

*Megan Gray*

*Kyle Parady*

*Silas Rojas*

*Shayne Hecox*

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**SHAFFER P.R.I.D.E.**

**ATHLETIC HEALTH PHYSICAL**

*Joshua Blackburn*

*Superintendent/Principal*

**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**