



**Buffalo Academy of Science Charter School**

**(Athletic Physical Verification Form)**

*This Athletic Physical Verification Form must be completed, and signed by the parent or guardian for each student athlete (including drill squad, spirit squad, or flag football) before participation in any Section VI athletic practice, game, activity, contest or event. The original must be on file in the school office. The parent / guardian of the student-athlete who is participating in the Athletic program will provide proof through legal documentation from the family's primary healthcare physician that a full athletic physical has been completed for the season the student-athlete intends to participate in sport.*

**Student-Athlete:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The above listed student was examined in the Health Office at the Buffalo Academy of Science Charter School and:

\_\_\_\_\_ He / she had a physical examination and may participate in sports / athletics with NO restrictions

\_\_\_\_\_ He / she had a physical examination and may participate in sports / athletics with the following restrictions:

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

\_\_\_\_\_ He / she had a physical examination and may NOT participate in sports / athletics

\_\_\_\_\_ the examined student has a documented history of illness or injury which will impair his / her ability to participate in sport or prolonged physical activity

Description (illness / injury) History:

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

\_\_\_\_\_ examined student does not have a documented history of illness or injury which will impair his / her ability to participate in sport or prolonged physical activity

\_\_\_\_\_  
(Physician Assistant / Nurse Practitioner)

\_\_\_\_\_  
**Parent/Guardian's Signature**

\_\_\_\_\_  
**Parent/Guardian's Printed Name**

\_\_\_\_\_  
**Principal's Signature**

\_\_\_\_\_  
**Athletic Director's Signature**