

MARLBORO TOWNSHIP BOARD OF EDUCATION  
1980 TOWNSHIP DRIVE  
MARLBORO, NEW JERSEY 07746-2298

**CONSENT FOR SCHOOL SPORTS PHYSICAL EXAM – MIDDLE SCHOOL STUDENTS ONLY**

*Please complete the information below and attach this form to the Sports Physical Form. This document must accompany the Sports Physical Form.*

I hereby give permission for my child \_\_\_\_\_ to receive a Sports Physical Exam by the school physician.

My child attends:  Marlboro Middle School                       Marlboro Memorial Middle School

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name (please print) \_\_\_\_\_

Relationship to Student \_\_\_\_\_