



Consent for PIAA Pre-Participation Physical

The Wissahickon School District consulting physician will be conducting PIAA physicals on Thursday, November 9th to those students who pre-register for this event. Students must pre-register by contacting Mr. Cuthbert in the Athletic Department at the high school.

NOTE: Sections #1–5 of the PIAA Pre-Participation Packet must be filled out and signed by a parent prior to the physical exam being conducted. If these 5 sections are not completed the exam will not be done.

I _____ give permission for the Wissahickon School (parent/guardian)
Consulting Physician to conduct the pre-participation physical, section 6 of the PIAA packet, on
my child _____.
(student's name)

Please write in any significant condition or concern that you may wish to call to the attention of the physician.
Comments: _____

Parent/guardians are welcome to be present for the exam.

Parent will attend: yes / no

Parent/Guardian Signature: _____ Date: _____