

Benjamin Middle School - Sports Medical Release Form

28W300 St. Charles Rd.; West Chicago, IL 60185 (630) 876-7820

Student's Name _____ Student's Grade _____

On the basis of the examination on this day, I approve this child's participation in:

Soccer

Basketball

All Sports

Volleyball

Track/Field

Good for one year from the date below.

Print Name _____ Signature _____

Date _____ Physician Advanced Practice Nurse Physician Assistant

Address _____ Phone _____

Parent's Signature _____ Date _____