**CANDOR CENTRAL SCHOOL**

 **

*JEFFREY J. KISLOSKI*, Superintendent (607) 659-5010

 P.O. Box 145

 Candor, NY 13743

Sarah Bast, High School Nurse (607) 659-5225/ **(607) 659-4692 FAX**

sbast@candorcs.org

Peter Ahart, Athletic Director (607) 659-5020

pahart@candorcs.org

 Dear Parents/Guardians,

 Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 The above student has signed up to participate in this upcoming athletic season. Physicals are required yearly to participate in high school athletics.

 A practitioner from *Candor Family Care* will be here to do these physicals prior to the start of the upcoming athletic season.

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\_\_\_\_\_\_\_\_YES, I would like my student’s physical done at school by Candor Family Care.

\_\_\_\_\_\_\_\_NO, my student will have their own exam performed by their primary care physician, prior to the start of the upcoming athletic season.

Parent’s/Guardian’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE PRINT THIS FORM & SIGN, SUBMIT TO THE HIGH SCHOOL NURSE.