



Timothy Edwards Middle School

100 Arnold Way
South Windsor, CT 06074
Phone: (860) 648-5030

Website: www.southwindsorschools.org/tems

PHYSICIAN'S STATEMENT FOR ATHLETIC PARTICIPATION 2023-2024

Student Name (printed): _____ Grade: _____

Sport: Fall: _____

Winter: _____

Spring: _____

I hereby certify that the above-named student is in good health and physically able to participate in all sports including contact sports. This certificate is valid for the **2023-2024** school year unless voided by any serious injury or illness.

I have listed below any known conditions, illnesses, allergies, or prior injuries which could affect participation in sports and/or medical treatment.

Notes from Physician:

Physician's Name (printed): _____

Physician's Signature: _____

Date (***must be after June 1, 2023***): _____

Please return this form to the TEMS Main Office.