

THE SCHOOL DISTRICT OF PHILADELPHIA
EDUCATION CENTER
OFFICE OF ACADEMIC ENRICHMENT AND SUPPORT
Office of Athletics
440 NORTH BROAD STREET, 2ND FLOOR, SUITE 2148
PHILADELPHIA, PENNSYLVANIA 19130-4015

Robert B. Coleman
Executive Director
rbc Coleman@philasd.org

Telephone: 215-400-4190
MAY 31, 2014

Dear Parent or Guardian:

The School District of Philadelphia (the "School District") offers your child,

_____ (student's name, the "Student")

the opportunity to receive physical and medical screenings and evaluations in connection with his or her participation in interscholastic athletics in the School District and the Pennsylvania Interscholastic Athletic Association (the "PIAA"), including competition in PIAA Division XII, which includes the public, charter and Diocesan schools in Philadelphia, and other PIAA competition throughout the Commonwealth.

The PIAA requires certain physical and medical screenings and evaluations before students may participate in PIAA interscholastic competition. The School District will work with certain local medical providers to offer these physical and medical screenings and evaluations, at no cost, to the Student and others.

The School District asks for your consent to permit your child to participate in physical and medical screenings and evaluations offered by the School District and others.

CONSENT AND PERMISSION

I am the parent or guardian of the Student, a minor and a student at

_____, School in the School District.

For myself and the Student, I hereby give permission to the School District to offer and carry out certain physical and medical screenings and evaluations in order to establish the Student's eligibility to participate in PIAA-sponsored athletic competition. I understand that I do not have to give my consent, and that I can make other arrangements, if I want to, to provide the necessary physical and medical screenings and evaluations in connection with participation in PIAA-sponsored athletics, including going to a doctor of my own choosing. I also understand that I can and should consult a doctor of my own choosing in the event these physical and medical screenings and evaluations indicate any condition or concern regarding the Student's health. I understand that these are screenings and evaluations only, and not treatment of any

medical conditions. I understand the risks of physical and medical screenings and evaluations, and give my consent and permission after I have considered these risks, which include the possibility that screenings and evaluations may not identify a medical condition.

By signing below, I agree that I understand this Consent and Permission form and that if I have any questions in connection with this form I have had the opportunity to call (215) 400- 4190 The School District's Office of Athletics to discuss any questions.

Signature of Parent/Guardian

Dated: _____

Name of Parent/Guardian (please print or type)

Name _____

Address _____

Telephone _____