



UPPER SCHOOL SPORTS AND ATHLETICS PROGRAM PHYSICIAN RELEASE

Student's Name: _____ Grade: _____

The Wyndcroft School sponsors sports and athletics for students in grades 6-8. Each school year, a new release form must be signed and submitted.

Physician's Release:

I have examined the above named student and find the following:

___ NO RESTRICTIONS for any type of physical activity in The Wyndcroft

School Sports and Athletics Program.

___ RESTRICT from participation in Sports and Athletics Program for the following activities:

Basketball	Cross Country	Lacrosse	Soccer	Squash	Fitness/PE Class

Please include any special medical condition of which we should be aware (including concussion).

COMMENTS:

Physician Signature

Date
The Wyndcroft School
415 Rosedale Drive
Pottstown, PA 19464
Phone: 610-326-0544
Fax: 610-326-9931

Physician Name (print), Address, Phone Number

Revised July 2023