



# Sound of Sun Prairie Physical Form

**Student Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone** (\_\_\_\_) \_\_\_\_\_ **Cell Phone** (\_\_\_\_) \_\_\_\_\_

**Parents/Guardians Name(s)** \_\_\_\_\_

<b>PHYSICAL CARD</b>	<b>SOUND OF SUN PRAIRIE PERMIT CARD – (Physician’s Use Only)</b>	
	All students participating in Sound of Sun Prairie must have this card on file with the SOSOP advisor. The above-named student has been examined and may participate in Sound of Sun Prairie marching band as follows (if none, write "none" or explain restrictions):	
	_____	
	_____	
	Allergies/Other Medication Information: _____	
	Hospital/Clinic Affiliation: _____ Phone _____	
Address City/State: _____		
<b>Signature of Licensed Physician (MD or DO)/APDP</b> _____		
<b>Date of Exam</b> _____		
<small>*Physicians may authorize Nurse Practitioners or Physician Assistants to stamp this form with the physician’s signature or the name of the clinic the physician is affiliated with.</small>		
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>PHYSICIAN: PLEASE ADD CLINIC STAMP</b> </div>		
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>← Please remember to sign and date.</b> </div>		

*If you have a current physical on file with the SPHS or CHUM Athletic Office, please go to their office and ask for a copy of your current physical to attach to top of this filled out form.*

**Physicals dated before 4/1/15 have expired.** Physicals dated on or after 4/1/15 will be good until the end of the 2017 season. Physicals dated on or after 4/1/16 will be good until the end of the 2018 season. Physicals on or after 4/1/17 will be until the end of the 2019 season.

If you get a new physical during the year, remember to take a physical/participation form with you for your doctor to sign and stamp. Remember to turn the new physical form in to the Mrs. Sederquist to keep your records up to date. The clinics do not automatically send this information.