



Sound of Sun Prairie Physical Form

Student Name _____	Grade _____
Address _____	City _____ Zip _____
Home Phone (____) _____	Cell Phone (____) _____
Parents/Guardians Name(s) _____	

PHYSICAL CARD	SOUND OF SUN PRAIRIE PERMIT CARD – (Physician’s Use Only)		
	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: _____			
Signature of Licensed Physician (MD or DO)/APDP _____			
Date of Exam _____			
<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>			
<table border="1"> <tr> <td style="text-align: center;">PHYSICIAN: PLEASE ADD CLINIC STAMP</td> </tr> <tr> <td style="text-align: center;"> Please remember to sign and date. </td> </tr> </table>		PHYSICIAN: PLEASE ADD CLINIC STAMP	Please remember to sign and date.
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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 4/1/16 have expired. Physicals dated on or after 4/1/16 will be good until the end of the 2018 season. Physicals dated on or after 4/1/17 will be good until the end of the 2019 season. Physicals on or after 4/1/18 will be until the end of the 2020 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.

