

# CANDOR CENTRAL SCHOOL



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Dear Parents/Guardians,

Student Name: \_\_\_\_\_

The above student has signed up to participate in this upcoming athletic season. Physicals are required yearly to participate in high school athletics.

A practitioner from *Candor Family Care* will be here to do these physicals prior to the start of the upcoming athletic season.

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\_\_\_\_\_ YES, I would like my student's physical done at school by Candor Family Care.

\_\_\_\_\_ NO, my student will have their own exam performed by their primary care physician, prior to the start of the upcoming athletic season.

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
PLEASE PRINT THIS FORM & SIGN, SUBMIT TO THE HIGH SCHOOL NURSE.