

AQUATICS PROGRAM PARENT PERMISSION FORM 2017-2018

I give permission to have my child, (full name and room number) –

to participate in the Widener Memorial School Aquatics Program for the 2017-2018 school year.

Parent /guardian sign and date - _____

PHYSICIANS APPROVAL

Widener Memorial FAX # 215-456-3118

The Philadelphia School District requires an annual evaluation for participation in the aquatics program.

Students diagnosis, restrictions, specific needs or other concerns:

I have examined the student named above and give approval for participation in the Widener Memorial School Aquatics Program.

Physician sign and date - _____

Physician address and phone - _____

QUESTION/CONCERNS Steve Stocks 215-456-3126 sstocks@philasd.org