

**Health Network for Rural Schools
School Health Services**

Date: _____

A Pre-participation Sports Physical was completed for
_____ on _____.

Your child is released/not released to participate in sports with the following recommendations/exceptions:

Physical examinations are performed by certified nurse practitioners in the school health clinics. Sports physicals are usually not covered by insurance. There is a \$20.00 cost for this service. Monies received support the school health program. Please return your payment to the school office, make checks payable to HNRS.

Please contact the school nurse practitioner for any questions.

Thank you!!