

**Monmouth Beach School
7 Hastings Place
Monmouth Beach, New Jersey 07750**

**Health Office
Mrs. Gillick RN CSN
Tel. (732) 222-6139 x 256
Fax (732) 222-2395**

TO: Parent(s) and Guardian(s)
FROM: Mrs. Gillick- School Nurse
RE: Sport Physical permission slip

Sports physicals by our school physician have been scheduled for _____.
If the student wishes to participate in this activity and would like the school to provide the necessary physical, **please sign the form below and return it to the health office by _____**. **Only those students who have the proper documentation and permission slip will be able to have the physical completed by Dr. Morgan.**

The state recommendation is to have your own physician provide the sports physical. Please provide both forms to the health office for Dr. Morgan's approval. If you have any questions, please feel free to email me at gillick@mbschool.org or call me.

Sincerely,
Susan Gillick RN CSN

Monmouth Beach School

I hereby give the Monmouth Beach School permission to provide a sports physical for my son/daughter _____ on _____.

Parent/Guardian Signature _____ Date _____