



# Northwood Kensett Community School District

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I \_\_\_\_\_ give permission to Dr. Sawyer Schulz and other trained  
Parent/Guardian Name (Printed)

professionals, to perform a complete sports physical for \_\_\_\_\_ .  
Student Name

I consent to the above without my presence. \_\_\_\_\_  
(initial)

I understand that I my child may not pass due to any health concerns observed during the physical, which then requires a scheduled medical physical in order to complete the sports physical. Parents' of any student not passing the free Sport's Physical provided will be notified by phone of concerns. Information relating to the health assessment of the above child during the sports physical will be kept confidential in accordance with Privacy Laws.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Northwood-Kensett's mission is to create healthy, educated, ethical and productive citizens.**

Michael Crozier  
Superintendent  
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(641)324-2092 – Fax

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Elementary Principal  
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