

WEST HEMPSTEAD UNION FREE SCHOOL DISTRICT

*Dedicated to Excellence*



WEST HEMPSTEAD SECONADARY SCHOOL

400 Nassau Boulevard

West Hempstead, New York 11552-2455

Fax: (516) 489-8946

[www.whufsd.com](http://www.whufsd.com)

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MR. DANIEL REHMAN  
SUPERINTENDENT

MR. JONATHAN GILL, DIRECTOR  
HEALTH, PHYSICAL EDUCATION & ATHLETICS

## PARENTAL CONSENT

In order for your child to participate in an interscholastic school sport your child needs to have a physical. Your child can see their own physician or be seen by the school physician. Please sign and indicate whether your child will visit their own physician or be seen by the school physician, (Dr. Shoenfeld).

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Indicate the Sport Your Child is Trying Out For \_\_\_\_\_

Parent/Guardian Name (Print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian Cell Phone \_\_\_\_\_

Parent/Guardian Email \_\_\_\_\_

\_\_\_\_\_ My child will see their own physician.

\_\_\_\_\_ I give permission for my child to be examined by the school physician.

A parent or representative may be present during the examination if requested. Any questions or any other concerns regarding this, please call (516) 390-3253.