

**School District of Fort Atkinson  
Physical Exam Waiver**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_

**Please complete, sign, date and returned to your child's school if your child is NOT receiving a physical examination.**

I understand that I am not under any legal compulsion or obligation to the School District of Fort Atkinson to have, or provide evidence of, a physician's physical examination of my child.

I hereby waive any legal responsibility that the School District of Fort Atkinson might have regarding any unreported health conditions for the above named child.

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

\_\_\_\_\_  
Date