

# AVON ELEMENTARY SCHOOL

Lincoln and Fifth Avenues  
Avon-By-The-Sea, New Jersey 07717  
[avonschool.com](http://avonschool.com)

Mary Tivenan, CSN  
[mtivenan@avonschool.com](mailto:mtivenan@avonschool.com)

School Nurse  
732.775.4328

May 11, 2015

Dear Parents/Guardians of Students in Grades 4-7:

Students interested in participating in School Athletics next year are required to have a Physical Examination prior to the start of the sport season. For instance, if your child is planning to participate in Fall Soccer, a Sports Physical should be completed this Spring (or Summer) so that the Student Athlete is eligible to participate in September.

Families have two pathways to complete the Sports Physical requirement: an **In-School Examination** provided by our school doctor, or **Private Examination** performed by your Family Physician.

In either case, if your child is interested in participating in School Athletics, please **complete and return** the reverse side of this notice to the health office by **Monday, May 18**.

*All related forms (Sports Physicals and Pre-Participation Part A and Part B) can be found on our school website under [School-Athletics-Forms](#).*

**In-School Physical Examinations** for 2015-2016 will be performed on **Tuesday June 2**.

If you decide to have our school physician perform the physical examination, **Part A** and the **Consent portion** of this notice need to be completed, signed and returned to school by **Monday May 18**. NO EXAMINATION WILL BE PERFORMED WITHOUT THE REQUIRED PAPERWORK COMPLETED.

**Private Physician Physical Examination** documentation returned by **August 20, 2015**.

If you choose to have your private physician perform the examination, please complete and sign **Part A (Health History Questionnaire)** and provide it to your physician prior to the private exam. Then have your physician complete and sign **Part B (Physical Examination)**.

If you have any questions, please do not hesitate to contact me at 732-775-4328 ext.113.

Sincerely, *Mary Tivenan, CSN*

\_\_\_\_\_ *Yes, I give my permission for the Avon School physician to examine my child*

\_\_\_\_\_ *No, I will have my child examined by my family doctor. I am aware that my child may not practice or play any games with the teams until the physical examination paper work has been completed and cleared by the school physician*

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

Grade \_\_\_\_\_

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

Date \_\_\_\_\_