



St. John's Evangelical Lutheran Church & School  
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Website: www.school.stjohnslutheransi.org

## Permission for Extra –Curricular Programs 2024 - 2025

Please be advised that my child

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

has my permission to participate in extracurricular athletic programs at St. John's Lutheran School and is healthy and fit to safely participate in all sports and exercise programs as certified by my child's physician.

**Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please be advised that my patient

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

Is certified to be healthy and fit to safely participate in all after school sports and exercise programs.

The physician's signature is good for one year from the date that is written below.

**Signature of Physician** \_\_\_\_\_ **Date** \_\_\_\_\_