



St. John's Evangelical Lutheran Church & School
663 Manor Road Staten Island New York 10314
Phone: 718-761-1858 Stjohnslutheransi@gmail.com
Website: www.school.stjohnslutheransi.org

Permission for Extra –Curricular Programs 2026 - 2027

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** _____