



**Health Services**  
**725 Harrison Street**  
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**PHYSICIAN'S LETTER OF INFORMED CONSENT**

for student with disability requesting waiver to participate in contact sports

Date: \_\_\_\_\_

Dear Doctor: \_\_\_\_\_

Your patient, \_\_\_\_\_ is known to have a physical defect.

Nature of defect:: \_\_\_\_\_

The Office of Health, Pupil and Non-Public School Services of the State Education Department recommends that individuals with this type of defect not participate in interscholastic collision or contact sports, because if injury were to occur, serious lifelong impairment may result.

In order to best serve the interests of your patient and the Syracuse City School District, it is necessary that the child and his/her parents be fully informed of significant risks involved in such participation.

Prior to the child's participation in \_\_\_\_\_, you are respectfully requested to provide them with this information, and to certify that this has been done by sending us a letter on your own stationery, using the suggested format below:

My patient, \_\_\_\_\_ has a physical defect.

Nature of defect: \_\_\_\_\_

He/she and his/her parents have had the nature of the defect explained to them, as well as any specific special or preventative measures or devices needed to provide some measure of protection.

\_\_\_\_\_  
\_\_\_\_\_

They fully understand that participation in interscholastic competition will present an increased risk to his/her health and are willing to sign a waiver of responsibility.

In my opinion, the student is physically capable of participating in \_\_\_\_\_

\_\_\_\_\_, and his/her participation would be reasonably safe.

\_\_\_\_\_. M.D.

Thank you for your cooperation.

Sincerely,

Dr. Richard P. Kulak  
Director, Health Services