



**DUNKIRK CITY SCHOOL DISTRICT**

620 Marauder Drive  
Dunkirk, New York 14048  
Telephone (716) 366-9300

**MR. DAVID DAMICO**  
*President*  
Board of Education

**DR. JAMES J. TRACY**  
*Superintendent*

I give permission for my son/daughter \_\_\_\_\_ to receive a sports physical from Dr. Thomas McTernan (the Dunkirk City School District's Medical Director).

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

\_\_\_\_\_  
Date