ST. MARY SCHOOL

Educating Leaders for Tomorrow

2018-2019

Diocese of Sacramento

Doctor's Medical Release

I certify that _____ (student) is healthy and has no restrictions for participating in sports.

_____ _____

Doctor's Name (please print) Doctor's Phone Number

_____ _____

Doctor's Signature Date

Attention: Parents

Any student that wishes to participate in any team sport for the 2018-2019 school year ***must*** have a copy of this release form on file in the school office before the sport begins.

Forms are good for one year from doctor's signed date.

Insert your school address and phone number here.