

  
**2019-2020**

**Doctor's Medical Release**

I certify that \_\_\_\_\_ (student) is healthy and has no restrictions for participating in the Parochial Athletic League (PAL).

\_\_\_\_\_  
Doctor's Name (please print)

\_\_\_\_\_  
Doctor's Phone Number

\_\_\_\_\_  
Doctor's Signature

\_\_\_\_\_  
Date

**Attention Parents**

All students attending St. Mary Elementary School for the 2019-2020 school year and participating in PAL ***must*** have a copy of this release form on file in the school office prior to the start of the sports season.

**St. Mary School**  
**1351 58th Street, Sacramento, CA 95819**  
**916-452-1100**