

HOLY FAMILY CATHOLIC SCHOOL
7817 Old Auburn Road Citrus Heights, CA. 95610 (916) 722-7788
MEDICAL RELEASE TO PARTICIPATE IN P.A.L SPORT
(P.A.L. = Parochial Athletic League)

I hereby certify that _____ was examined by me on _____,
(Student's (child's) Name)

and appears to be physically fit for organized sports.

Any medication coaches should be aware of _____.

Allergic to any medication ___ Yes ___ No

If yes, please list _____.

Comments and/or limitations:

Physician's Signature _____

Insurance Company Name _____

Group and/or Medical Record (card)# _____

Physician's Name _____ phone _____

Medical Facility _____

Dentist's Name _____ phone _____