

Sacred Heart Sports Physician Release Form **

Last Name _____ First Name _____

_____ (child's first and last name) has been
examined by me on _____ (date of examination) and my examination
has found no medical reason to preclude his or her participation in competitive sports.

Physician's Signature _____ Today's Date _____

****PARENTS:**

- Please, make a copy of this completed form for your own records
- Release forms should be sent to the school office in an envelope marked Sports Registrations
- Medical release forms are good for one year from the date of the examination (not from the date the Physician signs the form).

These forms are required by the Diocese and Sacred Heart School to participate in sports and should be turned in prior to the first day a student practices or attends an open gym (even if just "trying" the sport)