

Our Lady of the Assumption School  
Medical Release

\_\_\_\_\_ has no medical condition that prevents him/her  
Student's Name

from participating in athletics at Our Lady of the Assumption School.

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

\_\_\_\_\_  
Physician's Address

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
date

Please mail or fax to:  
Our Lady of the Assumption School  
2141 Walnut Avenue  
Carmichael, CA 95608  
Fax: (916) 489-3237

**IMPORTANT NOTE TO PARENTS OF GRADES 5-8:**  
If your daughter (grade 5-8) signed up to play volleyball or cross country  
or your son (grade 7-8) signed up to play football or cross country  
this form **MUST** be on file in the school office before practice  
begins in Mid-August. A new form **IS REQUIRED** each year.