

HOLY ROSARY SCHOOL
505 CALIFORNIA STREET
WOODLAND CA 95695
530-662-3494
FAX: 530-668-2442

**Medical Release to Participate
in P.A.L. Sports (5TH-8TH GRADE ONLY)
Students may participate in a total of 3 sports (1 Fall, 1 Winter & 1 Spring)**

I hereby certify that _____ was examined by me
(Child's Name)

on _____, and appears to be physically fit for organized sports.

Any medication coaches should be aware of: _____

Allergic to any medications: _____ Yes _____ No

If yes, what: _____

Comments and/or limitations: _____

Physician's Signature (required) Printed Name Date

Insurance Company Name: _____

Medical Card Number: _____

Insurance Policy Number: _____

Physicians Name: _____ Phone: _____

Medical Facility: _____

THIS FORM IS ONLY VALID FOR SCHOOL YEAR 2012-2013