

***HOLY SPIRIT PARISH SCHOOL***  
**2017 – 18**

Parochial Athletic League Diocese of Sacramento

**Doctor's Medical Release**

I certify that \_\_\_\_\_ (student) is healthy and has no restrictions for participating in sports.

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

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

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

\_\_\_\_\_  
Date

\*Place Doctor's Stamp Here

Attention: Parents

Any student that wishes to participate in a team sport for the 2017-2018 school year ***must*** have a copy of this release form on file in the school office before the sport begins.

\*This form must be signed by a medical doctor or licensed physician's assistant. If a licensed physician assistant signs the form, you must also include the medical stamp with the medical license number of the doctor with whom the physician's assistant works.

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