

HOLY SPIRIT PARISH SCHOOL

2018-2019

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 2018-2019 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.

*Holy Spirit Parish School
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(916)448-5663 or fax (916)448-1465*