



1781 Marshall Road • Vacaville, CA 95687-5972
(707) 447-1460

ATHLETIC PARTICIPATION
For the
Notre Dame "After School Sports Program"

MEDICAL CONSENT

_____ appears to be physically fit for organized
school sports for the _____ school year.

Physician's Signature _____
Date _____

COMMENTS OR RESTRICTIONS:

[Empty box for comments or restrictions]