



SACRED HEART
ELEMENTARY SCHOOL

Physician's Medical Form

First Name: _____

Last Name: _____

Has been examined by me on (Date _____) and my examination has found no medical reason to preclude his/her participation in competitive sports.

Physician's Signature Date

Parents: Please make a copy of the signed form for your records. Return signed copy to the school office. Physician Release forms are valid for 1 year.