

MEDICAL RELEASE PARTICIPATE IN PAL SPORTS - SAINT FRANCIS ELEMENTARY

GRADE: _____ in 2024-2025

I hereby certify that _____ was examined by me on _____ and appears to be physically fit for organized sports.

Comments/limitations: _____

To be valid, please sign after June 15, 2024.

Nurse, Medical Professional, or Physician's Signature:

Date: _____

This form must be received by the school office before the student may participate in PAL sports including Little Dribblers. A new form must be completed each school year.