

GRADE _____
2011-12

ST. IGNATIUS SCHOOL
3245 Arden Way
Sacramento, CA 95825
(916) 488-3907

MEDICAL RELEASE TO PARTICIPATE IN P.A.L. SPORTS

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

Comments/limitation: _____

To be valid, please sign after
June 15, 2011

Physician's Signature

Date

When completed please return to school office.