

GRADE: _____ in 2015-2016

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/limitations: _____

To be valid, please sign after June 15, 2015.

Physician's Signature:

Date: _____

When completed, please return to school office or fax (916) 488-3907 or email Judy Yandell at
jyandell@stignatiussacschool.org

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.