

Our Lady of the Assumption School
Medical Release

Valid for all sports activities June 2009 through July 2010

_____ has no medical condition that prevents him/her
Student's Name

from participating in athletics at Our Lady of the Assumption School.

Physician's Name (please print)

Physician's Address

Physician's Signature

date

Please mail or fax to:
Our Lady of the Assumption School
2141 Walnut Avenue
Carmichael, CA 95608
Fax: (916) 489-3237

IMPORTANT NOTE TO PARENTS OF GRADES 5-8:
If your daughter (grade 5-8) signed up to play volleyball or cross country
or your son (grade 7-8) signed up to play football or cross country
this form **MUST** be on file in the school office before practice
begins in Mid-August. A new form **IS REQUIRED** each year.