

Student Grade _____

Holy Spirit Parish School

2020-2021

Diocese of Sacramento

Doctor's Medical Release

I certify that _____ (student) is healthy
and has no restrictions for participating in sports.

Doctor's Name (please print)

Doctor's Phone Number

Doctor's Signature

Date

Attention: Parents

Any student that wishes to participate in any team sport for the 2019- 2020 school year **must** have a copy of this release form on file in the school office before the sport begins.

Forms are good for one year from the doctor's signed date.

Holy Spirit Parish School
3920 W. Land Park Drive
Sacramento, Ca 95822
916 448 5663