

Student Grade _____

Holy Spirit Parish School

2026-2027

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 2026- 2027 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
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