

Our Lady of Sorrows School 2009–2010 Medical Release Form for Sports

**This Form must be returned to the OLS Athletic Director
before student is allowed to participate in practices and/or games.**

Student Name: _____

Date of Birth: ____/____/____ Age: _____ Grade: _____

Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

I give permission for the OLS Athletic Director to share pertinent medical information with my child's coach for the 2009-2010 School Year.

Date: ____/____/____ Parent/Guardian Signature: _____

The portion below should be completed by the student's physician:

As of the date of this release, this child is currently using the following medications:

<u>Medication</u>	<u>Condition</u>	<u>Comments</u>

Date of last physical exam: ____/____/____

General Fitness: _____

Is this Student Physically fit to engage in Interscholastic Athletics: _____ Yes _____ No

Additional Comments: _____

Date: ____/____/____ **Physician's Signature:** _____

Place Physician's Stamp here: