

South Hills Catholic Academy

Medical Release Form – Athletics

Physician Release

|  |  |  |
| --- | --- | --- |
|  | has been examined by me on |  |
| (Name of Student) |  | (Date) |
| and my examination has found no medical reason to prevent their participation in competitive sports. |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| (Physician’s Name – Printed) |  | (Physician’s Signature) |
|  |  |  |
| (Physician’s Address) |  | (Physician’s City, State, Zip) |
|  |  |  |
| (Physician’s Phone) |  | (Date) |

Parent Release

|  |  |  |
| --- | --- | --- |
| In consideration of  |  |  being allowed to take part in competitive |
|  | (Name of Student) |  |

sports, and intending to be legally bound, I do hereby release and forever discharge the South Hills Catholic Academy, the South Hills Catholic Academy Athletic Association, their agents, and their successors, from any/all actions or suits in laws or equity which I/we might hereafter have, by reason of injuries sustained by my child taking part in sports or in transit to or from participation in sports.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| (Parent / Guardian #1 Signature and Date) |  | (Parent / Guardian #2 Signature and Date) |

|  |  |
| --- | --- |
| Please check if your child **does not** have Medical Insurance:  |  |



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Medical Release Form – Athletics

|  |  |  |  |
| --- | --- | --- | --- |
| Students Name:  |  |  Grade:  |  |

|  |  |
| --- | --- |
| Allergies: |  |
| Previous Surgery: |  |
| Medical Problems: |  |
| Current Medications: |  |
| Height and Weight: |  |
| Blood Pressure: |  |
| Physician’s Comments: |  |