# The de Paul School

## 2018-2019 Athletic Pre-Participation Medical Release

**All students participating in athletics at The de Paul School are required to have a physical examination from a qualified physician prior to participation.**

**Medical Releases are valid for one school year.**

**Student Information** **Team:** _____

Name: _____ _____ _____
*(Last)* *(First)* *(MI)*

Address: _____

Phone: _____ Date of Birth:_____

**I hereby certify that this athlete was examined by me. At that time, no physical condition was detected which would reasonable be anticipated to render this athlete physically unfit to engage in Athletics at The de Paul School.**

**Physician Name:** _____

**Practice Name:** _____

**Address:** _____

**Phone:** _____ **Date of Examination:** _____

**Signature of Physician:** _____

Parent/Guardian Signature: _____

Date: _____