



The de Paul School

2019-2020 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: _____