



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)
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Please check if your child **does not** have Medical Insurance: _____



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Students Name: _____ Grade: _____

Allergies:

Previous Surgery:

Medical Problems:

Current Medications:

Height and Weight:

Blood Pressure:

Physician's Comments: