

SAINT KILIAN PARISH ATHLETIC ASSOCIATION

PHYSICIAN'S RELEASE FORM

Please be advised that every child who registers for a sports program or activity at the school is required to have a Physician's Release Form signed by a doctor **BEFORE PARTICIPATING** in any **PRACTICES, LEAGUE GAMES, OR TOURNAMENT GAMES**. Any child not having a completed Physician Release will not be allowed to participate until such a release is obtained.

We suggest an annual physical for all children; however, we realize some physicians only require a child to have a complete physical every two years. We abide by the judgment of your physician and feel he/she should assess your child's health status in relation to safely participating in our cross country, soccer, cheerleading, volleyball, and basketball programs. If there are no restrictions or limitations, please have your physician complete and sign the Physician's Release Form below. Please make a copy of the signed form if your child will be participating in multiple sports so that you can turn it in with the required paperwork for each sport. A **NEW** Physician's Release Form is required every new school year and is part of our school policy for participation in our sport's program.

Please return the completed, and signed, form to your child's coach prior to the first scheduled practice.

We appreciate your support of our sports program.

Saint Kilian's Parish School Athletic Association

Student Medical Information

| | | | |
|---|--|----------------|--|
| Name: | | Date of Birth: | |
| LIST ANY ALLERGIES : (ie Peanut) | | | |
| LIST ANY MEDICAL CONDITIONS: (ie Asthma) | | | |

Physician Statement

I have read the above in relation to _____
who has been examined by me on _____, and my examination has
has found no medical reason to preclude his or her participation in the above named
competitive sports for the school year _____ / _____

| | | | |
|---|--|-------|--|
| Physician's Signature: | | Date: | |
| Physician's Name or Group (please print): | | | |