

PHYSICIAN'S MEDICAL STATEMENT

Must be completed prior to child's participation

_____ is medically released to participate in the gym and physical education programs to include any team sports such as: Baseball, Basketball, Softball, Track & Field, and Volleyball, sponsored by Our Mother of Consolation Parish CYO Program for the _____ school year and has no known physical or medical condition(s) that may impair such participation unless noted specifically below.

Please note any physical or medical health condition and/or medications:

Please note any restrictions:

Physician's Signature

Date