

ST. MARY'S HIGH SCHOOL
SPORTS / INJURY / ACCIDENT/ HEALTH CLEARANCE FORM

THE PARENT MAY SIGN THIS RELEASE FORM **ONLY** IF NO MEDICAL EVALUATION WAS OBTAINED. IF THE PARENT SIGNS THIS RELEASE FORM, IT MUST BE UNDERSTOOD THAT THE SCHOOL IS NO LONGER RESPONSIBLE FOR THIS INJURY.

ONCE A STUDENT HAS GONE TO A DOCTOR, HAS HAD X-RAYS TAKEN, OR WAS TAKEN TO A HOSPITAL, THE PARENTS CANNOT SIGN THIS RELEASE FORM. ONCE A STUDENT SEEKS MEDICAL EVALUATION, HE/SHE **CANNOT** RETURN TO PARTICIPATION UNTIL HE/SHE IS RELEASED BY HIS/HER DOCTOR.

IF YOU HAVE ANY QUESTIONS REGARDING THIS FORM, PLEASE CALL THE NURSE'S OFFICE AT 683-4824, EXT. 220. THIS FORM MAY BE FAXED TO 683-4958.

******EVERY POTENTIAL HEAD INJURY (CONCUSSION) REQUIRES A MEDICAL EVALUATION AND CLEARANCE FROM AN MD OR DO******

STUDENT'S NAME _____ **GRADE** _____

DATE INJURED/ DATE OF ONSET _____

NATURE OF INJURY/CONDITION _____

THE ABOVE STUDENT IS MEDICALLY CLEARED TO PARTICIPATE IN ALL SPORTS (PRACTICE/GAMES) AND PHYSICAL EDUCATION CLASSES WITHOUT RESTRICTION EFFECTIVE IMMEDIATELY OR ON _____.

SIGNATURE OF PHYSICIAN _____ **DATE** _____

PRINTED/STAMPED NAME AND PHONE _____

~~~~~ **OR** ~~~~~

**MY SON/DAUGHTER, \_\_\_\_\_, DID NOT SEEK MEDICAL ATTENTION. HE/SHE HAS MY PERMISSION TO PARTICIPATE IN ALL SPORTS (PRACTICE/GAMES) AND PHYSICAL EDUCATION CLASSES WITHOUT RESTRICTION.**

**SIGNATURE OF PARENT** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PLEASE PRINT NAME** \_\_\_\_\_