



PRESENTATION  
*of the*  
BLESSED VIRGIN MARY CATHOLIC SCHOOL  
ATHLETICS



PAL MEDICAL RELEASE FORM

STUDENT GRADE FOR THE 2025/2026 SCHOOL YEAR: \_\_\_\_\_

I HEREBY CERTIFY THAT \_\_\_\_\_ WAS EXAMINED BY ME ON  
\_\_\_\_\_, AND APPEARS TO BE PHYSICALLY FIT FOR ORGANIZED SPORTS.

ANY MEDICATION COACHES SHOULD BE AWARE OF:

\_\_\_\_\_

ALLERGIC TO ANY MEDICATIONS: ☐ YES ☐ NO

IF YES, WHAT: \_\_\_\_\_

COMMENTS AND/OR LIMITATIONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHYSICIANS NAME: \_\_\_\_\_

PHYSICIANS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_

MEDICAL CARD NUMBER: \_\_\_\_\_ INSURANCE POLICY NUMBER: \_\_\_\_\_

MEDICAL FACILITY: \_\_\_\_\_ PHONE: \_\_\_\_\_

THIS FORM IS ONLY VALID FOR SCHOOL YEAR 2025-2026.  
MUST BE SIGNED AFTER 6/15/25