# Presentation
*of the*
Blessed Virgin Mary Catholic School
# Athletics

## PAL Medical Release Form

Student grade for the 2026/2027 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 2026-2027.
Must be signed ON or AFTER 6/1/26