



Educational Excellence in the Lasallian Tradition

La Salle Academy

Conducted by the Brothers of the Christian Schools

MEDICAL EXAMINATION FOR INTERSCHOLASTIC ATHLETICS

TO: ALL PARENTS AND GUARDIANS
FROM: Jerome Pannell, Athletic Director

All La Salle Academy students who wish to participate in Interscholastic Sports at La Salle Academy **must have** this Medical Form on file, stating the student athlete is physically able to participate in certain athletic activities. This form must include both the signature and physician stamp to be valid.

This form must be returned to the Main Office before the student athlete participates in any sport, including **TRYOUTS!** **ALL FORMS MUST BE DATED AFTER JULY 1, 2018**

***** Do not cut or perforate in any way *****
Physicians: Please complete this entire form.

PLEASE PRINT AND USE PHYSICIAN STAMP BELOW

Please insert Physician Stamp in this box.

Physician's Name: _____

Physician's Address: _____

Office Telephone/Fax: _____

_____ Grade: _____

(Print Student's Name)

has been examined by me and may participate in the following sport(s): *(Please check all that apply)*

Baseball Basketball Bowling Handball Soccer Track & Field

Please write any restrictions below:

_____, M.D.

Date: _____

(Physician's Signature)

PLEASE RETURN THIS FORM TO THE MAIN OFFICE.
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