



Good Shepherd Catholic School

214 S. Garland Rd. • Garland, TX 75040 • 972-272-6533 • Fax # 972-272-0512



MEDICAL RELEASE FOR PARTICIPATION IN ATHLETICS

Name of Child: _____

Address: _____

Phone: _____ Cell Phone: _____

THIS SECTION TO BE COMPLETED BY A PHYSICIAN

I certify that _____ has no physical impediment or condition that would prevent him/her from participating in jumping, running, or other physical activities associated with athletics.

Signature of Attending Physician

Date

Address: _____ City: _____

Physician Phone: _____

PARENT OR GUARDIAN'S PERMIT

I hereby give my consent for the above student to compete in the Dallas Parochial League approved sports. I also give my consent for my child to go with the Coach or other representative of the school on any trips. The parent herewith grants permission for school employees to secure medical services for the above named student if necessary. It is understood that neither the Dallas Parochial League nor the school parish assumes any responsibility in case an accident occurs. The undersigned agrees to be responsible for the safe return of all equipment issued by the school to the above named student.

Parent Signature

Date

NOTE: The Dallas Parochial League rules require the above permit for competition to be completed and filed with the local school.