



## Ursuline High School

90 Ursuline Road, Santa Rosa, CA 95403 | 707-524-1130 | fax 707-542-0131



### ATHLETIC PHYSICAL

#### PHYSICIAN

To be completed by the physician:

I certify that \_\_\_\_\_ has been examined by me and is in good physical condition and able to participate in all school sports. This examination has taken place on \_\_\_\_\_ **(after July 1st of current year.)**

Signature of Physician \_\_\_\_\_ Date \_\_\_\_\_

Restrictions, if any: \_\_\_\_\_

#### PARENT OR GUARDIAN:

To be completed by parent or guardian:

I hereby give my consent for the above named student to:

1. Represent her school in athletic activities.
2. Accompany any school team of which she is a member on any of its local or out-of-town trips. I authorize the school to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the student in the course of such athletic activities or such travel. I also agree not to hold the school or anyone acting in its behalf responsible for any injury occurring to the above-named student in the course of such athletic activities or travel.

Signature of Parent/Guardian \_\_\_\_\_

Parent/Guardian name (please print) \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Date \_\_\_\_\_