

Central Day School

Medical Release to Participate in Sports 2009/2010

To Whom It May Concern:

This is to confirm that I am a licensed physician and have examined the student listed below for purposes of participation in the athletic program at Central Day School.

Based on my examination, I recommend that he/she be released to participate without any restrictions, or if so, note the following restrictions:

Student Information:

Student Name

Student Address

Physician Information:

Printed Name of Physician

Physician Address

Physician Phone

Physician Signature

Date