

Medical Release for Athletics



Please fill in all of the information below. This completed form must be on file at The Post Oak School in order to participate in athletic programs. Copies are available on our website at www.postoakschool.org.

Name of child:

Child's home address:

Child's city, state, zip:

PHYSICIAN INFORMATION

I certify that I have examined this child within the last 12 months for a physical or well-child check and found him/her medically qualified and capable to participate in competitive athletic activities. I also certify that I am a licensed medical physician, physician's assistant, or family nurse practitioner in the United States.

Date of examination:

Physician's signature:

Physician's name:

Office Address:

Office city, state, zip:

Office phone:
