

# POPE JOHN XXIII SCHOOL

## ATHLETIC PERMISSION

### DOCTORS EXAMINATION RELEASE

#### DOCTOR'S PERMIT:

I HAVE EXAMINED THIS STUDENT ON THIS DATE AND ON THE  
BASIS OF THIS EXAMINATION APPROVE THIS CHILD'S  
PARTICIPATION IN INTERSCHOLASTIC SPORTS FOR ONE YEAR.

PHYSICIAN'S SIGNATURE \_\_\_\_\_

DATE OF EXAM \_\_\_\_\_