

REGISTERED CHILD'S NAME: _____ DATE OF BIRTH: _____



MEDICAL FORM
 2021-2022 School Year
 Holy Cross Academy Athletics (HCAA)



DOES REGISTERED CHILD HAVE? CIRCLE ONE. IF YES, PLEASE IDENTIFY COMPLETELY.

1. Restrictions or limitations on participation or activities?	Yes / No	
2. Any known allergic reactions?	Yes / No	
3. A history of physical ailments such as nosebleeds or asthma?	Yes / No	
4. Any current medical therapy or prescriptions?	Yes / No	
5. A need to use an inhaler?	Yes / No	

REGISTERED ATHLETE IS A (Check the box that applies).....

<input type="checkbox"/> NEW PARTICIPANT IN HCAA ATHLETICS for Current SCHOOL YEAR	<input type="checkbox"/> PREVIOUS PARTICIPANT IN HCAA ATHLETICS
The Physician Release, listed below, must be completed for ALL Registered Athletes who participate in HCAA sports for the current school year (listed above).	A Physician Release previously provided for the Registered Athlete's participation remains valid if within one (1) year of signature date.
Note: Signed medical form is valid for a period of 1 year from the date of the physician's signature.	

PHYSICIAN RELEASE

I have examined the Registered Child and my examination has found no medical reason to preclude his/her participation in competitive/contact sports.	
Date of Examination:	
Physician Signature:	
Physician Name (please print):	
Date of Physician Signature:	

Parents: All registered athletes must have a completed form on file before participating in any sports activities. Please either upload this completed form to the registration website under your child's name, email to athletics@holycrossacademypgh.org or leave a copy in HCAA mailbox in Office 1. Thank You.