

**St. Peter's Lutheran School**  
**23000 Gratiot Ave. Eastpointe, MI 48021**

**ATHLETIC MEDICAL CLEARANCE FORM**

Name of child: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

**MEDICAL INFORMATION TO BE COMPLETED BY PHYSICIAN**

(Please check and complete one of the following statements)

\_\_\_\_\_ I have performed a medical examination of \_\_\_\_\_  
Name of Child

and have determined that there is no physical conditions that would limit or exclude his/her participation in extra-curricular athletics at St. Peter's Lutheran School.

**OR**

\_\_\_\_\_ I have performed a medical examination of \_\_\_\_\_  
Name of Child

and have determined that he/she may participate in extra-curricular athletics at St. Peter's Lutheran School with the following limitations:

\_\_\_\_\_  
Physician's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Signature

Phone Number: \_\_\_\_\_