



San Francisco Police Activities League

350 Amber Drive #203, San Francisco, CA 94131

415.401.4666 | fax: 415.401.4670

www.sfpal.org

MEDICAL CLEARANCE FORM FOR PARTICIPANTS

NOTE: This form must be completed by participants who wish to engage in physical activity in the SFPAL programs.

SECTION A (to be completed by parent/guardian if Participant is under 18) PLEASE PRINT OR TYPE

Name of Participant	Date of Birth
Sport /Activity/Program	Team Name

SECTION B (to be completed by physician) PLEASE PRINT OR TYPE

I have cleared the above named youth to participate in the activity listed above for games/practices/classes.	
NAME OF MEDICAL PROBLEM :	
This clearance is valid for the following time period: _____ to _____	
Month/Day/Year Month/Day/Year	
Physician's Name (printed)	
State License Number	
Physician's Signature	Today's Date
Address	
City/State/Zip	
Telephone Number	