



San Francisco Police Activities League

350 Amber Drive, San Francisco, CA 94131

415.401.4666 | fax: 415.401.4670

www.sfpal.org

MEDICAL CLEARANCE FORM

SECTION A (to be completed by parent/guardian) 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	