



RETURN TO ATHLETIC PARTICIPATION

This form is to be completed and returned to the coach/trainer prior to resuming athletic participation after being medically excluded because of disabling injury or illness.

ATHLETE: _____ DATE: _____

SPORT: _____ INJURY: _____

THIS SECTION IS TO BE COMPLETED BY PHYSICIAN:

I have re-examined the above-named athlete and he/she may resume athletic participation with the following restrictions:

(Physician's signature)

(Date)

Physician's office stamp

This section to be completed by parent/legal guardian:

I give my consent for my child/ward to return to athletic participation find the following: participation in the above named sport based on the recommendation of the physician.

(Signature of parent/guardian)

(Date)

Completed form is to be filed with the Athletic Director prior to resuming participation.