

RETURN TO ATHLETIC PARTICIPATION FORM

SCHOOL _____

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

ATHLETE _____ DATE _____

INJURY _____ SPORT _____

To be completed by the examining physician:

I have re-examined the above-named athlete and find no restrictions from further activity and hereby discharge him/her and authorize full participation.

Signature of Examining Physician

Date

To be completed by parent/legal guardian:

I give my consent for my child/ward to return to full participation in the above-named sport based on the recommendation of the examining physician.

Signature of Parent/Legal Guardian

Date

Physician's Name _____

Address _____

Phone _____

Comments _____

