



RETURN TO ATHLETIC PARTICIPATION FORM

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

ATHLETE _____ DATE _____

INJURY _____ SPORT _____

To be completed by the examining physician
guardian:

To be completed by parent/legal

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

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 Examining Physician

Signature of Parent/Legal Guardian

Physician's Name, Address, Phone
(stamp or print)

Home Phone _____

