

RETURN TO PLAY FORM

This form must be completed and returned to the athletic trainer/coach prior to returning to athletic participation following an injury or illness.

_____ High School Date: _____

Name of athlete: _____ Sport: _____

Injury: _____ Location: _____

Nature of athletic activity: Practice ____ Competition ____ Other ____

Medical treatment or procedure: _____

I have examined the above named athlete and recommend:

___ Full participation starting on _____

___ No practice or play until _____

___ Expected return to activity on _____

___ Physical activity restricted to _____

_____ until _____

Additional comments: _____

Signature of Physician: _____

Physician's Phone #: _____

I/We give my/our consent for my child/ward to return to full participation based on the recommendation of the examining physician.

Signature of Parent/Guardian: _____