

RETURN TO ATHLETIC PARTICIPATION FORM

1. Student's Name: _____

2. Sport: _____

3. Injury/illness information:

DATE OF INJURY: _____

TO BE COMPLETED BY PHYSICIAN

4. Description of injury: _____

5. Recommendations/restrictions:

a. No restrictions Date: _____

b. No practice/competition until: Date: _____

c. Student will require further evaluation Date: _____

PHYSICIAN'S SIGNATURE: _____ DATE: _____

PARENT'S SIGNATURE: _____ DATE: _____

COACH'S SIGNATURE: _____ DATE: _____

DIRECTOR OF ATHLETICS SIGNATURE: _____ DATE: _____