INJURY RETURN TO PLAY FORM:
Medical Clearance Releasing the Student-Athlete to Resume Full Participation in Athletics After an Injury

Before the student-athlete will be allowed to resume full participation in athletics, this form must be signed by one of the following Licensed Health Care Providers: Licensed Physician (MD/DO), Licensed Physician Assistant (PA), Licensed Nurse Practitioner (NP), Licensed Athletic Trainer (LAT) and the student-athlete’s parent/legal custodian.

Name of Student-Athlete: ___________________________ DOB: __________________

Diagnosis: ____________________________________________________________________

Date of Diagnosis: ________________ Date Symptoms Resolved: _________________

I release the above-named student-athlete to resume full participation in athletics.

______________________________________________________________________________
Signature of Licensed Physician, Licensed Physician Assistant, Date
Licensed Nurse Practitioner, Licensed Athletic Trainer (Please Circle)

______________________________________________________________________________
Please Print Name

______________________________________________________________________________
Please Print Office Address Phone Number

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Parent/Legal Custodian Consent

• I am aware that the North Carolina High School Athletic Association REQUIRES that student-athletes absent from athletic practice for five (5) or more consecutive days due to injury receive a medical release by either a physician licensed to practice medicine or his/her designee (licensed nurse practitioner, licensed physician’s assistant, or licensed athletic trainer) before readmittance to practice or contests.

• I acknowledge that the Licensed Health Care Provider listed above has provided medical care to my student-athlete.

• I acknowledge that the Licensed Health Care Provider listed above has released my student-athlete to resume full participation in athletics.

By signing below, I hereby give my consent for my child to resume full participation in athletics.

______________________________________________________________________________
Signature of Parent/Legal Custodian Date

______________________________________________________________________________
Please Print Name and Relationship to Student-Athlete

Rev June 2021