



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

Before the student-athlete will be allowed to resume full participation in athletics, this form must be filled out completely and signed by the appropriate medical personnel and parent/legal custodian.

The student-athlete below is being released for athletic participation following an:

- INJURY (Absent 5 or more days from practice)**     **ILLNESS (COVID-like symptoms)**  
 **ILLNESS (Absent 5 or more days from practice)**  
 (Check One)

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 following an **illness.**

\_\_\_\_\_  
 Signature of Licensed Physician, Licensed Physician Assistant,  
 Licensed Nurse Practitioner (Please Circle) Date

I release the above-named student-athlete to resume full participation in athletics following an **injury.**

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

\_\_\_\_\_  
 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 days due to illness or injury shall receive a medical release by either a physician licensed to practice medicine or his/her designee (nurse practitioner, or physician's assistant ) 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