AUTHORIZATION TO USE A PRESCRIBED APPLIANCE IN AN ATHLETIC CONTEST

Must meet National Federation of High School Associations (NFHS) rule requirements. Officials have the final authority to approve/disapprove the appliance at the time of the contest.

Note: Form is still required but does NOT require NCHSAA approval.

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Student-Athlete’s Name: ___________________________ Grade: _____ Age: ___
School: __________________________________________ Classification: ______
Sport: ___________________________________________ Uniform Number: _______
Injury: __________________________________________________________________
Appliance: __________________________________________________________________

The above student-athlete is permitted to participate in athletics while wearing the prescribed appliance, assuming all other stipulations as decreed by the NFHS are met. This appliance is being used for the sole purpose of protecting an existing injury and is, under no circumstance, to be used as a weapon to gain an unfair advantage or abuse an opponent.

Provider Signature: ___________________________ Date: __________
Licensed Physician (MD/DO), Licensed Athletic Trainer, Licensed Physician Assistant, Licensed Nurse Practitioner, (Please Circle)
Office Address: _________________________________________________________
Phone: __________________________
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Parent/Legal Custodian Signature: ___________________________ Date: __________
Address: ______________________________________________________________
Phone: __________________________
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Head Coach Signature: ___________________________ Date: __________
Head coach is responsible for NFHS uniform and appliance rule compliance and MUST therefore sign this form.

Revised November 2019