



**RETURN TO PLAY FORM:
 COVID-19 INFECTION MEDICAL CLEARANCE
 RELEASING THE STUDENT-ATHLETE TO
 RESUME FULL PARTICIPATION IN ATHLETICS**

This form must be signed by one of the following examining Licensed Health Care Providers (LHCP) before the student-athlete is allowed to resume full participation in athletics: Licensed Physician (MD/DO), Licensed Physician Assistant (PA), Licensed Nurse Practitioner (NP). This form must be signed by the student-athlete’s parent/legal custodian giving their consent before their child resumes full participation in athletics.

Name of Student-Athlete: _____ DOB: _____ Male/Female

Date COVID-19 Infection Diagnosed: _____

**This is to certify that the above-named student-athlete
 has had medical assessment for COVID-19 infection.**

As the examining LHCP, I have thoroughly assessed the above-named student-athlete (including review of appropriate diagnostic studies, if indicated) and have determined this student-athlete is medically cleared to return to sport. Therefore, by signing below, I give the above-named student-athlete consent to resume full participation in athletics.

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

 Please Print Name

 Please Print Office Address Phone Number

Parent/Legal Custodian Consent for Their Child to Resume Full Participation in Athletics

I am aware that the NCHSAA **REQUIRES** the consent of a child’s parent or legal custodian prior to them resuming full participation in athletics after contracting a COVID-19 infection. I acknowledge that my child has been medically cleared 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