



**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: _____ Date COVID-19 Infection Resolved: _____

**This is to certify that the above-named student-athlete
 has been diagnosed and treated 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. By signing below therefore, 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 having been diagnosed and treated for a COVID-19 infection. I acknowledge that the Licensed Health Care Provider above has overseen the treatment of my child’s COVID-19 infection care and has given their consent for my child 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