



## 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:

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| <input type="checkbox"/> <b>INJURY (Absent 5 or more days from practice)</b><br><input type="checkbox"/> <b>ILLNESS (Absent 5 or more days from practice)</b><br>(Check One) | <input type="checkbox"/> <b>ILLNESS (COVID-like symptoms)</b><br><input type="checkbox"/> <b>Negative COVID test</b> |
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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 or negative COVID test.**

Signature of Licensed Physician, Licensed Physician Assistant, Licensed Nurse Practitioner (Please Circle)	Date
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**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
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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
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Please Print Name and Relationship to Student-Athlete