

RETURN TO ATHLETIC PARTICIPATION

articipant Name
Date of Medical Evaluation
eturn to play release:
authorize and clear the above named participant to return to play and participate in Athletic practice and ompetition without restrictions on
additional notes:
Signature of Medical Provider*:
Printed Name of Medical Provider:
Office Address:
Office Telephone Number: ()

PLEASE FAX THIS FORM BACK TO DPRD FROM THE DOCTOR'S OFFICE.

NO FORMS WILL BE ACCEPTED IN PERSON.

Dalton Parks & Recreation FAX: (706)278-1057

^{*}Clearance may only be given by a Medical Doctor (MD), Doctor of Osteopathy (DO), Advanced Registered Nurse Practitioner (ARNP), Physician's Assistant (PA), or a Naturopathic Physician (ND). If the athlete was evaluated for a head injury and possible concussion, you certify that you are trained in the evaluation and management of concussion.