



INJURY RETURN TO PLAY FORM:
Medical Clearance Releasing the Student-Athlete to Resume Full Participation in Athletics After an Injury

Before the student-athlete will be allowed to resume full participation in athletics, this form must be signed by one of the following Licensed Health Care Providers: Licensed Physician (MD/DO), Licensed Physician Assistant (PA), Licensed Nurse Practitioner (NP), Licensed Athletic Trainer (LAT) and the student-athlete’s parent/legal custodian.

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.

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

 Please Print Name

 Please Print Office Address Phone Number

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 consecutive days due to injury receive a medical release by either a physician licensed to practice medicine or his/her designee (licensed nurse practitioner, licensed physician’s assistant, or licensed athletic trainer) 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

 Please Print Name and Relationship to Student-Athlete