LVSHL Return to Play after COVID-19 Illness

LVSHL's Plan of Action to Illness requires a member that has been determined to have a positive COVID-19 test or being treated as having the symptoms of COVID-19 and restricted from any LVSHL event will be evaluated by a healthcare professional and have written documentation that the member can return to play.

This form is to be used after an athlete has been removed from athletic activity due to a suspected illness and must be signed by their medical provider in order to return without restriction to training, practice or competition.

Player to complete:

Player Name: _____Date of Birth:_____

Player Level:____Youth____MS____JV____V Date Contacted LVSHL:_____

Parent Name:_____Phone Number:_____

Healthcare Provider to complete:

Healthcare Provider Name:_____License No:_____

Address:_____Phone No:_____

I HEREBY AUTHORIZE THE ABOVE-NAMED ATHLETE TO RETURN TO ATHLETIC ACTIVITY FOR FULL PARTICIPATION WITHOUT RESTRICTION.

Signature: _____Date:_____

I AM THE PARENT OR LEGAL GUARDIAN OF THE PLAYER IDENTIFIED ON THIS FORM AND I CONSENT TO THEIR RETURN TO ATHLETIC ACTIVITY WITHOUT RESTRICTION.

Parent Name:_____Signature:_____Date:_____

I AM A MEMBER OF the LVSHL Board NHC THAT IS AUTHORIZED TO CONFIRM RETURN TO PLAY OF THE PLAYER IDENTIFIED AND I CONFIRM RECEIPT OF THIS CLEARANCE FORM ACKNOWLEDGING THE HEALTH CARE PROVIDER AND PARENT HAVE APPROVED THE ATHLETE'S RETURN TO PARTICIPATION WITHOUT RESTRICTION.

Board Member Name:_____Signature:_____Date:_____

*LVSHL Member please email or deliver this form to a member of the LVSHL Board ASAP as soon as received.

Thank you.