

Student-Athletes' Return to Athletic Participation After Seeking Medical Attention for an Injury

(Sample Guidelines)

When a student-athlete seeks medical attention for an athletic injury, it will be necessary for the attending physician to sign a medical release allowing that student-athlete to return to participation. Coaches may communicate with the physician to find out the extent of the injury, the expected time of recovery and return, and any follow-up therapy, if necessary, to rehabilitate said injury. **Student-athletes seeking medical attention for an athletic injury will not be allowed to return to participation without a signed release from the attending physician.** If a student-athlete seeks medical attention for an athletic injury, **a parent or guardian of the student-athlete must also sign a permission slip allowing his or her return to participation.**

These guidelines do not prevent student-athletes or coaches from communicating with the attending physician regarding reevaluation of an injury. This reevaluation may allow the student-athlete to return to participation earlier than previously diagnosed, if the physician signs an updated medical release.

MEDICAL RELEASE FOR RETURN TO ATHLETIC PARTICIPATION FOLLOWING AN INJURY OR ILLNESS

This is to certify that _____ has been examined for the
(Student-athlete's name)

following injury/illness: _____
(Injury/illness and body part/area affected)

Following examination, it is my medical opinion that he or she:

_____ **Is unable to return to participation in athletics until further notice.**

Return appointment scheduled for _____.

_____ **May return to limited participation in athletics on** _____
(Restrictions, rehabilitation, treatment noted below) (Date)

_____ **May return to full participation in athletics on** _____
(Date)

Restrictions, rehabilitation, treatment: _____

Physician's Name (Please Print or Type) **Date**

Physician's Signature **Phone Number**

Parent's or Guardian's Permission and Release

I hereby give my consent for my son/daughter to return to participation as per the physician's instructions detailed above.

Parent's or Guardian's Signature **Date**

Parent's or Guardian's Home Phone # Parent's or Guardian's Work Phone #