Student-Athletes’ Return to Athletic Participation
After Seeking Medical Attention for an Injury
(Sample Guidelines Only)

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 #


Provided by the Iowa High School Athletic Association and the Committee on Sports
Medicine of the Iowa Medical Society.