

# Injured Student-Athlete Return to Participation Form

- In the event a student athlete is injured in a practice or contest and follow up medical attention is required (i.e. emergency room, express care, or doctor's office visit) please present the form below to the caregiver.

Student-Athlete's Name:	Date:
Student-Athlete may sit with the team at games:	YES / NO
Student-Athlete may ride the bus to/from games:	YES / NO
Student-Athlete may participate in conditioning exercises:	YES / NO
Student-Athlete may participate in light contact practice:	YES / NO
Student-Athlete may participate in athletics without restriction:	YES / NO
Parent's Name:	
Parent's Signature:	
Healthcare Provider:	
Healthcare Provider's Signature:	
Received by:	Date: