



REQUEST TO RESUME ATHLETIC PARTICIPATION

This form to be completed by a medical professional (e.g. physician, chiropractor, physiotherapist) or parent/guardian or both.

I, _____, have tested/examined
 (name of professional)
 _____, after an injury/illness to or affecting
 (name of athlete)
 his/her _____, and certify that,
 (body part)
 in my professional opinion, he/she will be ready to resume participation in _____ as of _____
 (name of sport) (date)

COMMENTS: _____

_____ Date _____ Signature _____

I, _____, acknowledge the fact that
 (name of parent/guardian)
 _____, has received care
 (name of athlete)
 for an injury/illness affecting his/her, _____
 (body part)
 and request his/her participation in _____ to resume on _____
 (name of sport) (date)

COMMENTS: _____

_____ Date _____ Parent's/Guardian Signature _____

This completed form is to be returned to the coach by any athlete who has missed a practice or game due to an injury or illness requiring professional medical attention.