



AUTHORIZATION TO USE A PRESCRIBED APPLIANCE IN AN ATHLETIC CONTEST

Must meet National Federation of High School Associations (NFHS) rule requirements. Officials have the final authority to approve/disapprove the appliance at the time of the contest.

Note: Form is still required but does NOT require NCHSAA approval.

Student-Athlete's Name: _____ Grade: _____ Age: _____

School: _____ Classification: _____

Sport: _____ Uniform Number: _____

Injury: _____

Appliance: _____

The above student-athlete is permitted to participate in athletics while wearing the prescribed appliance, assuming all other stipulations as decreed by the NFHS are met. This appliance is being used for the sole purpose of protecting an existing injury and is, under no circumstance, to be used as a weapon to gain an unfair advantage or abuse an opponent.

Provider Signature: _____ Date: _____

Licensed Physician (MD/DO), Licensed Athletic Trainer, Licensed Physician Assistant, Licensed Nurse Practitioner, (Please Circle)

Office Address: _____

Phone: _____

Parent/Legal Custodian Signature: _____ Date: _____

Address: _____

Phone: _____

Head Coach Signature: _____ Date: _____

Head coach is responsible for NFHS uniform and appliance rule compliance and MUST therefore sign this form.