

PHYSICIAN'S APPROVAL TO RESUME PARTICIPATION IN INTERSCHOLASTIC ACTIVITIES



(Please Print) I herewith certify that Grade is physically able to resume practice or play in all high school interscholastic activities at the level of activity indicated below: Full Participation Practice Without Contact Training or Conditioning Only Other ______ Following medical treatment for illness or injury on This student: Must return to me before resuming full participation Does not need to return to me before resuming full participation Date Attending Physician (Print) Physician's Signature NOTE: This signed statement must be filled out by the school before the student resumes participating in interscholastic athletics and cheerleading activities. PHYSICIAN'S APPROVAL TO RESUME PARTICIPATION IN INTERSCHOLASTIC ACTIVITIES (Please Print) I herewith certify that Student Grade is physically able School to resume practice or play in all high school interscholastic activities at the level of activity indicated below: Full Participation Practice Without Contact Training or Conditioning Only Other Following medical treatment for illness or injury on This student: Must return to me before resuming full participation Does not need to return to me before resuming full participation Date Attending Physician (Print) Physician's Signature

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