

Regiopolis-Notre Dame Catholic High School -- Resume Activity

Principal Mr. Wayne Hill

545-1902

130 Russell St. Kingston, K7K 2E9

Request to Resume Athletic Participation

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

Statement from a Medical Professional

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

Additional Comments:

Signature _____ Date _____

Statement from a Parent/Guardian

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

Additional Comments:

Parent's/Guardian's Signature _____ Date _____

This completed form is to be returned to the Regiopolis-Notre Dame teacher coach/supervisor by any student-athlete who has missed a practice or game due to an injury or illness requiring professional medical attention. The final decision regarding the participation of a student-athlete rests with the RND teacher coach/supervisor.