

REQUEST TO RESUME ATHLETIC PARTICIPATION

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

I, _____ have tested/examined _____, after an injury/illness
(Name of Professional) (Name of Athlete)

to/or affecting his/her _____, and certify that, in my professional opinion,
(Body Part)

he/she will be ready to resume participation in _____ as of _____.
(Name of Sport) (Date)

Comments: _____

Date: _____ Signature: _____
.....

I, _____, acknowledge the fact that _____ has
(Name of Parent/Guardian) (Name of Athlete)

received an injury/illness affecting his/her _____ and request his/her
(Body Part)

participation in _____ to resume on _____.
(Name of Sport) (Date)

Comments: _____

Date: _____ Parent/Guardian Signature: _____

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