

# **Student-Athletes' Return to Athletic Participation After Seeking Medical Attention for an Injury**

*(Sample Guidelines Only)*

**When a student-athlete seeks medical attention for an athletic injury, it will be necessary for the attending physician to sign a medical release allowing that student-athlete to return to participation.** Coaches may communicate with the physician to find out the extent of the injury, the expected time of recovery and return, and any follow-up therapy, if necessary, to rehabilitate said injury. **Student-athletes seeking medical attention for an athletic injury will not be allowed to return to participation without a signed release from the attending physician.** If a student-athlete seeks medical attention for an athletic injury, **a parent or guardian of the student-athlete must also sign a permission slip allowing his or her return to participation.**

**These guidelines do not prevent student-athletes or coaches from communicating with the attending physician regarding reevaluation of an injury.** This reevaluation may allow the student-athlete to return to participation earlier than previously diagnosed, if the physician signs an updated medical release.

# MEDICAL RELEASE FOR RETURN TO ATHLETIC PARTICIPATION FOLLOWING AN INJURY OR ILLNESS

This is to certify that \_\_\_\_\_ has been examined for the  
(Student-athlete's name)

following injury/illness: \_\_\_\_\_  
(Injury/illness and body part/area affected)

Following examination, it is my medical opinion that he or she:

\_\_\_\_\_ **Is unable to return to participation in athletics until further notice.**

**Return appointment scheduled for** \_\_\_\_\_.

\_\_\_\_\_ **May return to limited participation in athletics on** \_\_\_\_\_  
(Restrictions, rehabilitation, treatment noted below) (Date)

\_\_\_\_\_ **May return to full participation in athletics on** \_\_\_\_\_  
(Date)

*Restrictions, rehabilitation, treatment:* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Physician's Name (Please Print or Type)** **Date**

\_\_\_\_\_  
**Physician's Signature** **Phone Number**

## Parent's or Guardian's Permission and Release

I hereby give my consent for my son/daughter to return to participation as per the physician's instructions detailed above.

\_\_\_\_\_  
**Parent's or Guardian's Signature** **Date**

\_\_\_\_\_  
Parent's or Guardian's Home Phone # Parent's or Guardian's Work Phone #