



PHYSICIAN'S APPROVAL TO RESUME PARTICIPATION IN INTERSCHOLASTIC ACTIVITIES

(Please Print)



I herewith certify that _____
Student _____ Grade _____

of _____
School _____ 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 _____
Date _____

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.



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