

## RETURN TO ATHLETIC PARTICIPATION

Student Name: \_\_\_\_\_

Sport/Activity in Which Injury Occurred: \_\_\_\_\_

Date of the injury: \_\_\_\_\_

## MEDICAL PROVIDER RELEASE FORM

Date of Medical Evaluation: \_\_\_\_\_

Return-To-Play Release:

I authorize and clear the above-named student to return to play and participate in athletic practice and competition without restrictions on \_\_\_\_\_, 20\_\_.

Additional notes: \_\_\_\_\_

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

Signature of Medical Provider\*: \_\_\_\_\_

Printed Name of Medical Provider: \_\_\_\_\_

Office Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

\*Clearance may only be given by a Medical Doctor (MD), Doctor of Osteopathy (DO), Advanced Registered Nurse Practitioner (ARNP), Physician's Assistant (PA) or Naturopathic Physician (ND). If the athlete was evaluated for a head injury and possible concussion, you certify that you are trained in the evaluation and management of concussion.

*Please return this form to Vashon Island High School, 9600 SW 204<sup>th</sup> St, Vashon, WA 98070.*