

PHYSICIAN'S APPROVAL TO RESUME PARTICIPATION IN INTERSCHOLASTIC ACTIVITIES

(Please Print)

I herewith certify that _____
Student _____ Grade _____
of _____ is physically able
School _____

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 filed with the school before the student resumes participation in interscholastic athletics or cheerleading activities.