



Request to Return to Participation Form

(1/2)

Medical Professional Form

This form is to be completed by a medical profession (e.g. physician, physiotherapist, athletic therapist).

I, _____ (name of professional), have tested/examined
_____ (name of athlete) after an illness/injury to or
affecting his/ her _____ (body part) and certify that, in
my professional opinion, he/she will be ready to resume participation in
_____ (activity/sport) as of _____ (date).

Comments:

Date: _____ Signature: _____



Request to Return to Participation Form

(2/2)

Parent/ Guardian Form

I, _____ (name of parent/guardian), have tested/examined
_____ (name of athlete) after an illness/injury to or affecting his/her
_____ (body part) and certify that, in my opinion, he/she
will be ready to resume participation in _____ (activity/sport) as of
_____ (date).

Comments:

Date: _____ Signature: _____