

Return to Play

Any athlete who is under a physicians care for illness or injury may NOT return to Conditioning, practice sessions, or competition without a signed Return to Play Form. The form included both physician and parent/guardian signatures.



RETURN TO PLAY FORM

This is to certify that _____ has been under my care for the following condition:
(student-athlete name)

and is able to return to athletic practices/participation on _____ under the following conditions:
(date)

Unrestricted

Restricted/Limited to: _____

Comments (Recommended rehabilitation plan for return to play)

Physician's Name: _____
(please print clearly)

Phone #: _____

Physician Signature: _____ Date: _____

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I agree with above plan and am knowledgeable about my child's condition/situation.

Parent/Guardian's Signature: _____ Date: _____

Ballard High School –Athletic Department

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