

THIS FORM IS TO BE FILED AT SCHOOL WITH ORIGINAL INJURY REPORT FORM

~ Please do not return this form to MIAA ~

RETURN TO ATHLETIC PARTICIPATION

TO BE COMPLETED BY A SCHOOL OFFICIAL

Record No. _____

1. STUDENT'S NAME _____ SCHOOL _____
HOME ADDRESS _____ TEL _____
GRADE _____ AGE _____
2. Injury (illness) information _____
Time and date of injury _____ Contest or practice _____
Type of injury _____ Sport _____ Position played _____
Coach _____ Tel _____

TO BE COMPLETED BY PHYSICIAN

3. Description of injury _____

4. Referred _____
Recommendations/restrictions _____
- a. No restrictions (discharged) as of _____
DATE
- I have examined _____
STUDENT and certify that he/she is
recovered from _____
incurred on _____
DATE
- b. No practice or competition until _____
DATE
- c. Expected return to activity (after further evaluation) _____
DATE
- d. Please state restrictions which you require (e.g. no contact, light practice only, etc.) _____
- e. Other _____

PHYSICIAN'S SIGNATURE DATE

PARENT'S SIGNATURE DATE

COACH'S SIGNATURE DATE

STUDENT'S SIGNATURE DATE

