

LYME-OLD LYME PUBLIC SCHOOLS

RETURN TO ATHLETIC PARTICIPATION

Student Name: _____

Sport/Activity in Which Injury Occurred: _____

Date of the injury: _____

MEDICAL PROVIDER RELEASE FORM

Date of Medical Evaluation: _____

Diagnosis: _____

Return-To-Play Release:

I authorize and clear the above-named student to return to play and participate in athletic practice and competition with pending return to play with Lyme-Old Lyme Certified Athletic Trainer 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 Lyme-Old Lyme High School, 69 Lyme St, Old Lyme, CT 06371