



# Lake Highland Preparatory School

## SPORTS INJURY FORM

Athlete's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Sport: \_\_\_\_\_ Date: \_\_\_\_\_

The above athlete was treated in our office today for the following injury:

Diagnosis: \_\_\_\_\_

\_\_\_\_\_

Treatment/Recommendations: \_\_\_\_\_

\_\_\_\_\_

Follow Up Visit:      Yes      No      Date of follow up: \_\_\_\_\_

Playing and Practice Status:

€ Return to participation without restrictions.

€ Return to participation under these conditions: \_\_\_\_\_

\_\_\_\_\_

€ No participation until further notice.

€ Other: \_\_\_\_\_

\_\_\_\_\_

Provider's Name and Contact Information: \_\_\_\_\_

\_\_\_\_\_

Provider's Signature: \_\_\_\_\_