

KENNEDY CATHOLIC RETURN-TO-PLAY FORM

Kennedy Catholic student-athletes who have suffered an injury must be cleared by the Athletic Trainer before resuming full participation. Regardless if cleared by a physician the student-athlete must be cleared by the Kennedy Catholic Athletic Trainer, who will complete this form, before being allowed to return-to-play.

Student-Athlete Name: _____ Date of Birth: ____/____/____

School: Kennedy Catholic High School Grade: _____ Sport: _____ Date of Injury: ____/____/____

Injury Information

Description of Injury + Comments:

Completed by: _____ Signature: _____ Phone #: _____

Recommendations:

Return to Play Protocol

| Restrictions | Date | Comments |
|----------------------------------|------|----------|
| No practice/light activity | | |
| Sport-specific exercise | | |
| Non-contact/limited practice | | |
| Full practice/functional testing | | |

Additional Comments:

Clearance

The student-athlete has completed the above steps and is cleared by the ATC for full participation as of:

Date: _____ Student-Athlete Initials: _____ Parent/Guardian Contacted: _____

Athletic Trainer Signature: _____ Date: _____

FOR COACH AND ATHLETIC TRAINER USE

