

Medical Authorization Form:
Participation Clearance Following a COVID-19 Infection
School Athletics

Health Care Provider Authorization

Based upon a physical examination completed on ____/____/____,

_____ is medically cleared to participate in the

competitive sports program at _____ within the guidelines of the CIAC

protocol (attached) for a graduated return to play.

_____/_____/_____
(health care provider, printed) (health care provider signature) (Date)

Parent/Legal Guardian Authorization

I attest that _____ has been evaluated by an authorized medical
provider and give my consent for her/his participation in the sports program at

_____, within the guidelines of the CIAC protocol for a graduated

return to play.

_____/_____/_____
(Parent/guardian name, printed) (parent, guardian signature) (Date)