BMS/FMS Middle School
Athletic Training
Georgetown, TX

Note to Parents and Physicians

******Athletes who do not have a completed form on file will not be released to participate in any capacity******

Even if the athlete does not have restrictions, they must have a completed form on file in the Athletic Training Room

Please return this completed form in person, or by email, to the BMS/FMS Staff Athletic Trainer

A note with school attendance restrictions only does not take the place of this note

ATHLETE & INJURY/ILLNESS INFORMATION

Name: _____ **Date:** _____ **Grade:** ___ **Sport:** _____ **School: BMS FMS**

***DIAGNOSIS*:** _____

RECOMMENDED ACTIVITY

☐ **Complete Rest** ___ **Weeks** ___ **Days**

☐ **Limited Activity** ___**Weeks** ___ **Days** _____

☐ **Full Activity WITH Restrictions:** _____

☐ **Full Activity NO Restrictions**

☐ **Release to Athletic Trainer/Treat as Needed**

RECOMMENDED THERAPY

☐**Therapy & Rehab per Athletic Trainer discretion including but not limited to general conditioning, modalities, cryotherapy, thermotherapy, progressive resistance exercises, agility drills etc.**

☐**Additional Recommended Therapy:**_____

FUTURE APPOINTMENTS

☐**Followup Required – Date of Followup Appointment:**_____

☐**Followup NOT Required – Athlete is Released After the Following Date:**_____

Special Instructions/Limitations: _____

_____

Printed Name of Physician/Stamp: _____ **Signature of Physician**_____

Office Phone #: _____ **Fax #:** _____

Thank You

Elizabeth Builta, M.Ed., LAT, ATC
BMS/FMS Middle School Athletic Trainer
builtae@georgetownisd.org