Clearance To Return To Participation in PE/Athletics

Student Name: _____________________________ Date: ______________

Diagnosis: ________________________________________________

NOTE: Student may not participate in interscholastic Athletics until he/she is cleared for full participation in Physical Education classes.

May return to:  
   Full Participation in PE Classes/Athletics on __________
   Full Participation in PE w/Limited Athletics on _______
   (with restrictions listed below).

   Limited participation in PE w/no Athletics on__________
   (with the following restrictions for PE listed below)

   Not cleared to participate until ______________________

Limitations/Restrictions: ______________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

Special Instructions:
Recommendation for equipment (pads and/or protective gear):
_________________________________________________________________

Medications (or other treatments) that may need to be taken during school or available at practice/games:
_________________________________________________________________

Provider Name:____________________________ Phone:_______________
Address: ______________________________________________________
Signature:  ____________________________________________________