

PHYSICIAN'S APPROVAL TO RESUME PARTICIPATION
IN INTERSCHOLASTIC ACTIVITIES

(Please Print)

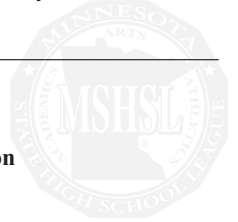
I herewith certify that _____
Student Grade
of _____ is physically able
School

to resume practice or play in all high school interscholastic activities at the level of activity indicated below:

- Full Participation Practice Without Contact
 Training or Conditioning Only Other _____

following medical treatment for illness or injury on _____
Date

This student: Must return to me before resuming full participation
 Does not need to return to me before resuming full participation



Date Attending Physician (Print) Physician's Signature

NOTE: This signed statement must be filed with the school before the student resumes participation in interscholastic athletics or cheerleading activities.

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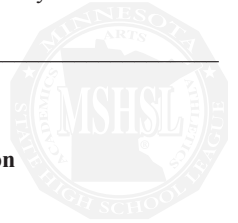
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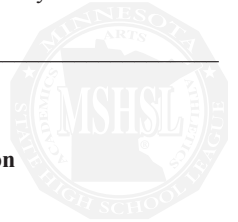
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