

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: _____