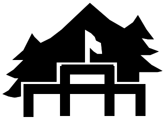

Chimacum High School

Athletic Department

Dave Porter, Athletic Director
(360)732-4090 Ext 353

RETURN TO PLAY

Form to be completed by a Licensed Health Care Provider

Medical Doctor (MD), Doctor of Osteopathy (DO), Advanced Registered Nurse Practitioner (ARNP), Physicians Assistant (PA), or Licensed Certified Athletic Trainer (ATC)

Student:	School:
Home Address:	Phone Number:
INJURY / ILLNESS INFORMATION	
Date of Injury:	
Location:	
Nature of Activity (practice, competition, other)	
Sport:	Position Played:
Coach:	Contact Number:
Description of Injury:	
Medical Treatment or Procedure:	
RECOMMENDATIONS	
No restrictions as of:	
No practice or play until:	
Expected return to activity date:	
Light running only – no contact:	
Regular practice but no contact:	
Athlete needs to return to me for additional care:	YES NO
Additional Comments:	

____ __________________

Licensed Health Care Provider's Signature　　　　Date

____

Licensed Health Care Provider's Phone Number

____

Licensed Health Care Provider's Address