HALTON CATHOLIC DISTRICT SCHOOL BOARD CDSB

REQUEST TO RESUME ATHLETIC PARTICIPATION

This form can be completed by the student's physician, parent/guardian in consultation with the student's physician, or both.

Physician Consent

I, _____ (Name of Doctor, please print), have tested/examined _____ (Name of Student, please print)

After an injury/illness to, or affecting his/her _____ (e.g. Body Part)

and certify that, in my professional opinion, he/she will be ready to resume participation in, _____ (Name of Sport) As of, _____ (Date)

Comments:

_____

_____

Parent/Guardian Consent

I, _____ (Name of parent/Guardian, please print), acknowledge the fact that _____ (Name of Student, please print)

has received doctor's care for an injury/ illness affecting his/her _____ (Body Part)

and request his/her participation to resume to: _____ (Name of Sport)

As of _____ (Date)

Comments:

_____

_____

Signature: _____ Date: _____

This completed form is to be returned to the coach by any athlete who has missed a practice or game due to an injury or illness requiring medical attention. Athletes are required to participate in a full practice before resuming regular competition NOTE: if the injury sustained was a concussion – please complete the Concussion Protocol package. This can be obtained from the Coach.

This information is collected under the authority of the *Education Act s. 321, Sabrina's Law and Ryan's Law*, and managed in accordance with the *Municipal Freedom of Information and Protection of Privacy Act* and the *Personal Health Information Protection Act*. Information will be used in the case of a medical emergency. If you have questions regarding the collection, use or disclosure of this information, please speak to your school Principal.

Revised November 2021