



Appendix 10

Keewatin-Patricia District School Board

Red Lake District High School

REQUEST TO RESUME ATHLETIC PARTICIPATION

This form to be completed by a medical professional (e.g. physician, chiropractor, physiotherapist) or parent/guardian or both.

I, _____, have tested/examined _____,
(name of professional) *(name of athlete)*

after an injury/illness to or affecting his/her _____, and certify that, in my professional
(body part)

opinion he/she will be ready to resume participation in _____ as of _____.
(name of sport) *(date)*

COMMENTS:

Date: _____

Signature: _____

I, _____, acknowledge the fact that _____,
(name of parent/guardian) *(name of athlete)*

has received care for an injury affecting his/her _____, and request his/her participation in
(body part)

_____ to resume on _____.
(name of sport) *(date)*

COMMENTS:

Date: _____

Signature: _____

***This completed form is to be returned to the coach by any athlete who has missed a practice or a game due to an injury or illness requiring medical attention.**