RETURN TO PLAY FORM:

COVID-19 INFECTION MEDICAL CLEARANCE RELEASING THE STUDENT-ATHLETE TO RESUME FULL PARTICIPATION IN ATHLETICS

This form must be signed by one of the following examining Licensed Health Care Providers (LHCP) before the student-athlete is allowed to resume full participation in athletics: Licensed Physician (MD/DO), Licensed Physician Assistant (PA), Licensed Nurse Practitioner (NP). This form must be signed by the student-athlete's parent/legal custodian giving their consent before their child resumes full participation in athletics.

Name of Student-Athlete: _____ DOB: _____ Male/Female

Date COVID-19 Infection Diagnosed: _____ Date COVID-19 Infection Resolved: _____

This is to certify that the above-named student-athlete has been diagnosed and treated for COVID-19 infection.

As the examining LHCP, I attest that the above-named student-athlete is now reporting to be completely free of all signs and symptoms of COVID-19 and has had negative results on all the appropriate cardiopulmonary diagnostic studies. By signing below therefore, I give the above-named student-athlete consent to resume full participation in athletics.

_____ _____

Signature of Licensed Physician, Licensed Physician Assistant, Licensed Nurse Practitioner (Please Circle) — Date

_____

Please Print Name

_____ _____

Please Print Office Address — Phone Number

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<u>Parent/Legal Custodian Consent for Their Child to Resume Full Participation in Athletics</u>

I am aware that the NCHSAA **REQUIRES** the consent of a child's parent or legal custodian prior to them resuming full participation in athletics after having been diagnosed and treated for a COVID-19 infection. I acknowledge that the Licensed Health Care Provider above has overseen the treatment of my child's COVID-19 infection care and has given their consent for my child to resume full participation in athletics. By signing below, I hereby give my consent for my child to resume full participation in athletics.

_____ _____

Signature of Parent/Legal Custodian — Date

_____

Please Print Name and Relationship to Student-Athlete

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