

HAMPTON CITY SCHOOLS
RETURN TO PLAY FORM:

**COVID-19 INFECTION MEDICAL CLEARANCE
RELEASING THE STUDENT-ATHLETE TO
RESUME 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 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 participation in athletics.

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

Date COVID-19 Infection Diagnosed: _____

**This is to certify that the above-named student-athlete
has had medical assessment for COVID-19 infection.**

As the examining LHCP, I have thoroughly assessed the above-named student-athlete (including review of appropriate diagnostic studies, if indicated) and have determined this student-athlete is medically cleared to return to sport. Therefore, by signing below, I give the above-named student-athlete consent to resume 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

Parent/Legal Custodian Consent for Their Child to Resume Participation in Athletics

I am aware that it is **REQUIRED** that consent is obtained by a child's parent or legal custodian prior to them resuming participation in athletics after contracting a COVID-19 infection. I acknowledge that my child has been medically cleared to resume participation in athletics. By signing below, I hereby give my consent for my child to resume participation in athletics.

Signature of Parent/Legal Custodian

Date

Please Print Name and Relationship to Student-Athlete