



**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 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. 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

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

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