

United School District

**Athletic Competition after Accident and/or Medical Treatment  
Healthcare Professional Release Form  
- WITH MEDICAL TREATMENT -**

\_\_\_\_\_ may return to practice and athletic competition  
(Name of student)  
effective \_\_\_\_\_ (date) with the following restrictions (if any):  
\_\_\_\_\_.

Signature of healthcare professional \_\_\_\_\_

Date \_\_\_\_\_

Parent signature \_\_\_\_\_

Date \_\_\_\_\_

OR

**Athletic Competition after Accident  
Parental/Guardian Release Form  
- WITHOUT MEDICAL TREATMENT -**

My son/daughter \_\_\_\_\_ was not seen by a health care professional,  
(Name of student)  
and does have my permission to return to practice and athletic competition.

Parent signature \_\_\_\_\_

Date \_\_\_\_\_

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Received by coach \_\_\_\_\_ (Signature of coach) \_\_\_\_\_ (Date)

Reviewed by A. D. \_\_\_\_\_ (Signature of athletic director) \_\_\_\_\_ (Date)

Filed in business office \_\_\_\_\_ (Date)