



**RETURN TO PLAY FORM:  
AFTER ACKNOWLEDGEMENT  
OF COVID-19 SYMPTOMS**

**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 Symptom Diagnosed: \_\_\_\_\_ Date COVID-19 Symptom Resolved: \_\_\_\_\_

After having acknowledged sign(s)/symptom(s) consistent with COVID-19, and as the examining LHCP, I certify and attest that the above-named student-athlete had a negative test result **OR** that the symptoms were not related to COVID-19.

**Therefore, by signing below, I release the above-named student-athlete 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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**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 acknowledgement of sign(s)/symptom(s) consistent with COVID-19. I acknowledge that the Licensed Health Care Provider above has overseen my child's negative COVID-19 test or indicated that the symptoms were not related to COVID-19. Subsequently, I acknowledge that the Licensed Health Care Provider above has released 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



**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

\*\*\*\*\*

**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