



**RETURN TO PLAY FORM:  
COVID-19 NEGATIVE TEST RESULT 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 Symptom Diagnosed: \_\_\_\_\_ Date COVID-19 Symptom Resolved: \_\_\_\_\_

**This is to certify that the above-named student-athlete had a negative test result after having acknowledged sign(s)/symptom(s) consistent with COVID-19.**

As the examining LHCP, I attest that the above-named student-athlete had a negative test result after having acknowledged sign(s)/symptom(s) consistent with COVID-19. By signing below therefore, I give the above-named student-athlete consent to resume full participation in athletics.

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

Date

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Please Print Name

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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 having tested negative for acknowledged 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 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.

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Signature of Parent/Legal Custodian

Date

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Please Print Name and Relationship to Student-Athlete