



**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.

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 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.

Signature of Parent/Legal Custodian

Date

Please Print Name and Relationship to Student-Athlete