

RETURN TO PLAY MEDICAL FORM

Today's Date: _____

Name of Player: _____

SW Hockey Team: _____

Please check the appropriate box with regards to the illness / injury sustained.

- Is able to return to play and is cleared for game play; following the illness.
- Is able to return to play and is cleared for game play; which may include body contact; following the injury / concussion sustained on _____ (Date)
- Did not sustain a concussion.
- Did not sustain an injury.

Considerations / restrictions with respect to returning to play:

Name of Treating Physician

Physician Signature

Date

This information is confidential and will only be used to assist in the players' safe return to play.

All costs associated with the "Return to Play" protocol, is the responsibility of the family.

***If you are submitting a doctor's note, instead of this form, please ensure there is reference to the above options, regarding the players' return.*

