

Sample Return to Physical Activity Form (Non-Concussion Medical Illnesses/Injuries)

This sample form is intended to serve as a guide for stakeholders to create a form that aligns with the policies and procedures in their respective school division/school.

The Return to Physical Activity Form (Non-Concussion Medical Illnesses/Injuries) must be completed by parents/guardians and returned to the principal/designate for any student who has missed a physical education class due to an injury or illness requiring professional medical attention (for example, medical doctor, nurse practitioner, chiropractor, physiotherapist).

Name of Student:

Teacher:

Results of Medical Examination

As a result of my child's/ward's injury/illness, (insert injury/illness), medical attention by a (check one) [Medical doctor/Nurse practitioner/Other medical specialist] has been accessed with the following results (check appropriate box(es)):

- ☐ No limiting features of the injury/illness have been observed and therefore he/she may resume full participation in physical activity with no restrictions.
- ☐ Some features of the injury/illness remain which limit the ability to participate without restrictions. My child/ward may participate in physical activity following the accommodations to his/her physical activities listed below. (Accommodations must be provided prior to any physical activity taking place.)
- ☐ A diagnosis that the injury/illness will prevent my son/daughter from participating in physical activity until further notice was received.
- ☐ Refer to comments below and/or attached information.

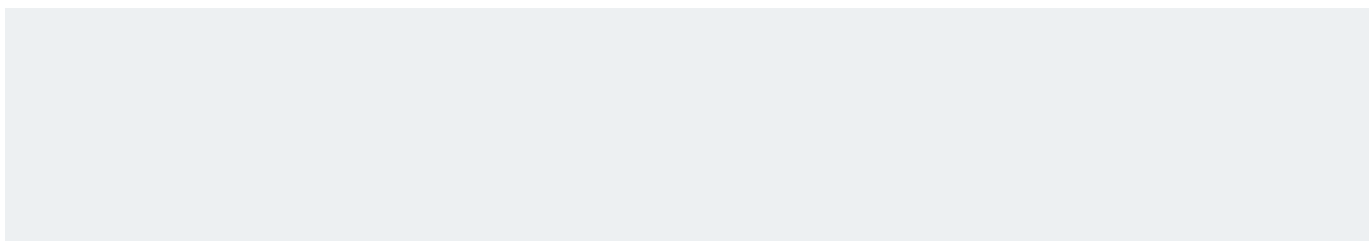
Parent/Guardian signature:

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Date:

A horizontal light gray rectangular box intended for a date.

Comments:

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