

FORM 230-3C		
Adopted	April 2005	
Last Revised	June 2015	
Review Date	June 2020	

REQUEST TO RESUME PARTICIPATION IN PHYSICAL EDUCATION/ATHLETICS

(Non-Concussion Medical Illnesses/Injuries)

This form is to be completed by parent/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 (e.g. medical doctor, nurse practitioner, chiropractor, physiotherapist).

Name of Student:	Teacher:	
As a result of my child's injury/illness (), medical attention by a
(check one):		
medical doctor		
nurse practitioner		
other medical specialist:		
has been accessed with the following results (chec	k appropriate box(es):	
Results of Medical Examination		
No limiting features of the injury/illness have b	been observed and therefore he/she may	y resume full participation in physical
activity with no restrictions.		
Some features of the injury/illness remain whi	ch limit the ability to participate without	restrictions. My child may participate in
physical activity following the accommodation	s to his/her physical activities listed belo	w. (Accommodations must be provided
prior to any physical activity taking place.)		
A diagnosis that the injury/illness will prevent received.	my son/daughter from participating in p	hysical activity until further notice was
Refer to comments below and/or attached info	ormation.	
Parent/Guardian signature:	Date:	
Comments:		

<u>Note:</u> This form is to be returned to the coach by any student/athlete who has missed a practice or game due to an injury or illness requiring professional medical attention.

Please note: Should your child sustain a concussion during the competitive season (within or outside of school hours), notify the coach and school. You will be required to complete *Form 322-2: Documentation of Medical Examination and Form 322-3: Documentation for a Diagnosed Concussion.* Forms will be provided by the school office.