

Mukilteo School District

**Student-Athlete Medical Referral and Return to Participation
Injury and/or Illness Condition**

To Parent/Guardian of _____ Sport _____ Date _____

Your son or daughter is suspected of having sustained an injury or an illness condition as evidenced by the coach, parent, student-athlete and/or upon evaluation by the building's Athletic Trainer. It is recommended that your child be evaluated by your family physician and/or specialist. The physician's report found below must be completed, signed and returned to the building athletic director as the first step in the "return to participation" protocol. Additionally, for any injured high school student, sport-specific testing, administered by the building Athletic Trainer will occur as the final step in the process. Students not cleared by a physician, building athletic director and/or building athletic trainer before the end of the season **MUST** be cleared through the school district return to participate protocol prior to the next season of play.

INJURY AND/OR ILLNESS CONDITION REPORT:

Nature of the Injury/Illness: _____

Initial Assessment (If applicable): _____

Recommendations provided to: Student-Athlete or Parent/Guardian (Circle One)

Parent/Guardian contact required if provided to Student-Athlete

Parent/Guardian Name: _____

Contact #: _____

Date/Time of Contact: _____

Athletic Trainer/Coach/Designee Signature: _____

Date: _____

PHYSICIAN'S REPORT: Please complete this portion and return it to the student-athlete and his/her parent/guardian.

Diagnosis: _____

Restrictions: _____

Recommendations for Treatment: _____

Date Released to Participate Pending Successful Completion of the Return to Participate Protocol: _____

Follow Up Visit Date If Applicable: _____

Physician Signature: _____

Contact Number: _____



FINAL SCHOOL DISTRICT CLEARANCE BY THE BUILDING ATC/ATHLETIC DIRECTOR WHO NOTIFIES THE COACH. STUDENT-ATHLETE IS NOT CLEARED TO RETURN UNTIL THE COACH HAS RECEIVED OFFICIAL NOTIFICATION.