



CCS Return to Play Form

COVID-19 Infection Medical Clearance Releasing the Student-Athlete to Resume Full Participation in Athletics

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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

Date of Birth

____ Male ____ Female

Date COVID-19 Infection Diagnosed

This is to certify that the above-named student-athlete has had medical assessment for COVID-19 infection.

As the examining LHCP, I have thoroughly assessed the above-named student-athlete (including review of appropriate diagnostic studies, if indicated) and have determined this student-athlete is medically cleared to return to sport. Therefore, by signing below, 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

Phone Number

Please Print Office Address

Parent/Legal Custodian Consent for Their Child to Resume Full Participation in Athletics

I acknowledge that my child has been medically cleared 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

Relationship to Student-Athlete



Cardiopulmonary Considerations for High School Student-Athletes during the COVID-19 Pandemic

