



# RETURN TO ACTIVITY REPORT

TO BE COMPLETED BY A PARENT OR GUARDIAN

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Is able to participate on a limited basis on: \_\_\_\_\_

Submitted by: \_\_\_\_\_  
*(parent or guardian signature)*

Please attach the list of acceptable activities provided by the doctor or therapist.

Is able to return to full practice on: \_\_\_\_\_

Submitted by: \_\_\_\_\_  
*(parent or guardian signature)*

Please attach the medical release from the doctor.



## OFFICE USE ONLY

List of limited activities given to coach: \_\_\_\_\_ (initial) \_\_\_\_\_ (date)

Return to activity noted in Misc./Notes: \_\_\_\_\_ (initial) Billing updated: \_\_\_\_\_ (date)

This and all medical forms should be kept in a permanent file.