

**Homewood-Flossmoor High School
Medical Release**

This form is to be completed and returned to the coach prior to resuming athletic participation after being medically excluded because of a disabling injury or illness.

Athlete _____
Sport _____
Injury _____

To be completed by the examining physician

I have re-examined the athlete named above, find no restrictions from further activity, hereby discharge him/her, and authorize full participation.

Signature of Examining Physician

Date

Print or Stamp

Physician's Name _____
Address _____

Phone _____

To be completed by parent/guardian

I give my consent for my child to return to full participation in the sport named above based on the recommendation of the examining physician.

Signature of Parent/Guardian

Date

Home Phone _____