



Doctor's Resume Participation Consent Form

The Doctor's Resume Participation Consent Form is required to resume active participation after an injury.

Physician:

I hereby certify that _____ is physically able to resume
(Name of Child)
participation without limitation in tackle football \ cheerleading (please circle one) as of
_____.

| | |
|---------------------------|--|
| Physician: | (Physician Please Print Address Or Use Office Stamp Here) |
| _____ | |
| Signature | |
| _____ | |
| Print Name Clearly | |
| _____ | |
| Date | |