



VERSAILLES ATHLETIC DEPARTMENT DOCTOR'S NOTE

Versailles Athletic Department mandated release note. Every Versailles athlete must have completed to return to sports participation after being seen by a Physician.

Athlete Name _____ Date: _____

Injury/Illness Diagnosis:

Please indicate any restrictions in participation

- Released To Full Participation
- Limited or As Tolerated to: _____
- No Participation
- Follow-up or Release Date: _____

Treatment plan:

Follow-up or released to:

- Family Physician
- Athletic Trainer: Please indicate special instructions if necessary
- For rehabilitation to return to play
- To begin return to play Concussion protocol
- Other (please specify): _____

Physician Signature _____ Date _____