

PHYSICIAN'S APPROVAL TO RESUME PARTICIPATION IN INTERSCHOLASTIC ACTIVITIES

I herewith certify that _____
Student _____ grade

of Bemidji High School is physically able to resume practice or play in an all high school interscholastic activities at the level of activity indicated below:

Full Participation Practice Without Contact
 Training or Conditioning Only Other _____
following medical treatment for illness or injury on _____.
Date

This Student: Must return to me before resuming full participation
 Does not need to return to me before resuming full participation

Date Attending Physician (print) Physician's Signature

Note: This signed statement must be filled with the school before the student resumes participation in interscholastic athletics or cheerleading activities