

Bristol Virginia Public Schools

MEDICAL RELEASE FOR RETURN TO ATHLETIC PARTICIPATION

This release is to certify that _____ has been examined due to exhibiting the signs or symptoms consistent with **sudden cardiac arrest**.

Following an examination, it is my medical opinion that he/she

_____ **Is unable to return to participation in athletics until further notice.**

Return appointment scheduled on: _____

_____ May return to limited participation in athletics on _____

_____ Following return to limited participation this student needs to return for re- evaluation before being released for full participation in athletics.

_____ May return to full participation in athletics on _____

Restrictions: _____

Health Care Provider's Name (Print)

Health Care Provider's Signature

Date

Parent/Guardian Signature

Date