



**REQUEST TO RESUME PHYSICAL ACTIVITY – ELEMENTARY AND SECONDARY
CURRICULUM/INTRAMURALS/INTERSCHOOL
RETURN TO PHYSICAL ACTIVITY**

Prior to returning to physical activity, this form is to be completed by both a medical professional and the parent(s)/guardian(s) of any student who was unable to participate due to an injury or concussion and required professional medical attention.

I, _____, have tested/examined _____,
(Name of Professional and Title) *(Name of Student)*

after the following specified injury or concussion, _____, and certify that, in my
(Name the Injury/Concussion)

professional opinion, he/she will be ready to resume participation as of _____.
(Date)

COMMENTS/LIMITATIONS:

PLEASE CHECK THOSE THAT APPLY:

- Student can fully participate in physical education
- Student can fully participate in board-sponsored, noncontact sports and activities
- Student can fully participate in board-sponsored, interschool sports with physical contact

(Date)

(Professional's Signature)

I, _____, acknowledge the fact that, _____ has received care
(Name of Parent/Guardian) *(Name of Student)*

for an injury/illness as noted by the physician above and request his/her participation to resume on _____.
(Date)

COMMENTS: _____

(Date)

Parent/Guardian

(Date)

Adult Student

Distribution to: School, Parent/Guardian/Adult Student

MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT: Personal information on this form is collected under the legal authority of the Education Act, R.S.O. 1990, c.E.2., as amended. This information will be used for purposes of planning and administering Physical Education programs for students and providing health and safety services in the event of an emergency. Questions regarding the collection of personal information are to be directed to the School Principal.