



Highline Public Schools Athletics

Student Athlete Medical Referral and Return to Participation

To Parent(s)/Guardian(s) Of: _____ Sport: _____ Date: _____

This notice is to inform you that your student athlete has sustained an injury or illness condition. Upon evaluation by a licensed and certified school district athletic trainer it is recommended that your child be evaluated by your family physician and/or specialist. The physician's report found below must be completed, signed and returned to the district athletic trainer as the first step in the "referral and return to participation" process. Sport-specific testing administered by the district athletic trainer will follow as the final step in this process. Students not cleared by an athletic trainer before the end of the season must be cleared through the school district return to play protocol prior to the next season played.

DISTRICT ATHLETIC TRAINER REPORT

Nature of Injury/Illness:

Initial Assessment:

Referred by: Highline Public Schools Certified Athletic Trainer

- | | | | |
|--------------------------|---------------------------------------|--------------|--|
| <input type="checkbox"/> | Lara D'Orvilliers, M.ED, ATC, LAT | 206-631-6787 | lara.dorvilliers@highlineschools.org |
| <input type="checkbox"/> | Jenn Mackenzie, MS, ATC, LAT, NREMT-B | 206-631-7019 | jennifer.mackenzie@highlineschools.org |
| <input type="checkbox"/> | Corinne Schneider, MS, ATC, LAT | 206-631-6159 | corinne.schneider@highlineschools.org |

PARENT SIGNATURE INDICATING RECEIPT OF INFORMATION: _____ **DATE:** _____

PHYSICIAN'S REPORT

PHYSICIAN: Please complete this portion and return to the student athlete and his/her parent/guardian. If additional information is needed, please contact the above noted District Athletic Trainer.

Diagnosis:

Restrictions:

Recommendations for Treatment:

Date Released to Participate Pending Sport-Specific Testing by District Athletic Trainer: _____

Follow-Up Visit Date: _____

Physician Signature: _____ Phone Number: _____

FINAL SCHOOL DISTRICT CLEARANCE BY DISTRICT AT & SIGN OFF BY AD WHO NOTIFIES COACH. STUDENT IS NOT ELIGIBLE TO RETURN UNTIL AD NOTIFIES COACH.

Sport-Specific Testing Date Following Physician Clearance: _____

RESULT: _____

Date Cleared by AT: _____ AT Signature: _____ AD Signature: _____ Date: _____