

Medical Authorization Form:
Participation Clearance Following a COVID-19 Infection
School Athletics
January 2021

Health Care Provider Authorization

Based upon a physical examination completed on ____/____/____,
_____, ____/____/____ is medically cleared to participate in the
(student's first & last name) (date of birth)
competitive sports program at _____ within the guidelines of the CIAC protocol for
(name of school)
a gradual return to play.

_____/_____/_____
(health care provider name, printed) (health care provider signature) (Date)

Parent/Legal Guardian Authorization

I attest that _____ has been evaluated physically by an
(student's first & last name)
authorized medical provider and give my consent for his/her participation in the competitive
sports program at _____ within the guidelines of the CIAC protocol for a
(name of school)
gradual return to play.

_____/_____/_____
(parent/guardian name, printed) (parent/guardian signature) (Date)