



# NORTH RALEIGH CHRISTIAN ACADEMY

## Athletic Medical Clearance Form

We greatly appreciate your attention to this form. NRCA is aware that the following athlete is under your treatment for an injury or medical condition. NRCA's Athletic Trainer can be reached, if necessary, at (919) 573-1631

### PART I – PARENTS OR GUARDIAN TO COMPLETE

STUDENT NAME (LAST, FIRST, MIDDLE)

DATE OF BIRTH

SCHOOL

SCHOOL YEAR

### PART II – PHYSICIAN TO COMPLETE

PHYSICIAN NAME:

PHYSICIAN ADDRESS:

SPECIALTY:

PHONE:

FAX:

PATIENT'S DIAGNOSIS AND SEVERITY: \_\_\_\_\_

CHECK APPROPRIATE BOX:

I believe that this athlete has received adequate information regarding the injury and severity. At this time

The athlete can return to play with no restrictions.

The athlete can return to play with the following restrictions:

The athlete is not allowed to return to play until \_\_\_\_\_. The following treatment is recommended:

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date