

APPENDIX VI

HAMILTON-WENTWORTH CATHOLIC ATHLETIC ASSOCIATION

PERMISSION TO RESUME PARTICIPATION AFTER INJURY

I, _____ have tested/examined
(Physician's name)

_____ after an injury _____
(Athlete's name) (body part)

and acknowledge that he/she is/will be ready to resume participation

in _____ as of _____
(name sport) (date)

COMMENTS:

This completed form must be returned to the coach by any athlete who has received an injury requiring medical attention before he/she may resume participation in that sport, it is the responsibility of the coach to enforce this policy for the safety of the athletes.

(date)

(Physician's Signature)

Under the Municipal Freedom of Information and Protection of Privacy Act, 1989, information in these forms and documents pertaining to a student registered/enrolled within The Hamilton-Wentworth Catholic District School Board is collected under the legal authority of Education Act and its Regulations, and the Ontario Student Record (O.S.R.) Guideline, 1989. This information is being collected to ensure that the educational program which is provided meets your child's needs.