

**PHYSICAL EDUCATION**  
**REQUEST TO RESUME ATHLETIC PARTICIPATION**  
**FORM E-ES (STUDENTS)**

**This form can be completed by the student's physician, parent/guardian or both.**

**Physician Consent**

I, \_\_\_\_\_, have tested/examined \_\_\_\_\_  
(Name of Doctor, please print) (Name of Student, please print)

After an injury/illness to, or affecting his/her \_\_\_\_\_  
(e.g. Body Part)

and certify that, in my professional opinion, he/she will be ready to resume participation in,  
As of, \_\_\_\_\_  
(Name of Sport) (Date)

**Comments:**  
\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Consent**

I, \_\_\_\_\_, acknowledge the fact that \_\_\_\_\_  
(Name of parent/Guardian, please print) (Name of Student, please print)

has received doctor's care for an injury/ illness affecting his/her \_\_\_\_\_  
(Body Part)

and request his/her participation to resume to: \_\_\_\_\_  
(Name of Sport)

As of \_\_\_\_\_  
(Date)

**Comments:**  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This completed form is to be returned to the coach by any athlete who has missed a practice or game due to an injury or illness requiring medical attention. NOTE: if the injury sustained was a concussion – please complete the Concussion Protocol package. This can be obtained from the Coach.**

This information is collected under the authority of the *Education Act s. 321, Sabrina's Law and Ryan's Law*, and managed in accordance with the *Municipal Freedom of Information and Protection of Privacy Act* and the *Personal Health Information Protection Act*. Information will be used in the case of a medical emergency. If you have questions regarding the collection, use or disclosure of this information, please speak to your school Principal.