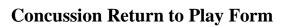


Texas Association of Private and Parochial Schools





Student:	Date of Birth:
Gender: Female M	Male Grade Level: 9 th 10 th 11 th 12 th
School (City/School):	
Date of Injury:	Activity:
Date of Initial Exam:	
After consultation and examinat	tion, the above named student is released to return to
	strictions to participation, if any, are as noted.
Student may return to pr	ractice on the following date:
Student may return to fu	ll participation on the following date:
Restrictions:	
P	hysician's Signature / Date
Physician's Name:	
Office Address:	
Office Phone:	
By signature below, I agree that indicated above.	the above named student may return to participation as
mateuteu unove	
Parent / Guardian Signatu	re Date