



**Physician's (M.D. or D.O.) Injury Certification/
Approval to Play with "Hard Cast"**

Athlete's Name _____

School _____

Sport _____

Briefly Describe the Injury _____

Period of Approval to Play:

From _____

To _____

The athlete listed above has my approval to participate in the sport listed above with a "hard" cast to protect the injury described above. This is provided the "hard" cast is properly padded in accordance with the NFHS playing rules for that sport for this school year. All such padding must be brought to the attention of and approved by game officials.

*A copy of this note MUST be given to the game officials before **each** contest.*

Also, one copy is to be retained on file by the athlete's Coach on site and one by the School.

Date Signed _____

Physician's Name (PRINTED) _____

Physician's Signature _____