

Kennedale High School
Doctor Release

Name: _____

Today's Date: _____

Sport: _____

Date of Injury/Illness: _____

School: _____

The student listed above, was seen at Dr. _____ office today located at:

Street: _____ Phone #: _____

City: _____ Fax #: _____

The Patient was seen for:

My recommendations for the patient:

The patient as this time is:

_____ Not Cleared _____ Cleared with restrictions on: _____

_____ Cleared _____ Cleared based on symptoms on: _____

_____ Patient has a follow up appointment scheduled for (if applicable): _____

_____ Must contact Primary Care Doctor for further care

This note must be filled out every time a student in Kennedale ISD sees a doctor for any injury or illness that might relate to sports. This is so that the Athletic Department can assure the safety of their student athletes. By signing this form, you are stating that all the information above relates to this patient and their status as it relates to sports, specifically the sport this student will return to. We thank you for your cooperation in this manner.

Physician Signature: _____ Date: _____

Stamp if possible: