

PLAYER RETURN TO PLAY FORM

This form is to be used after an athlete is removed from the field of play after an injury requiring medical assessment or treatment.

Florida Babe Ruth rules require written authorization from a licensed medical professional before an athlete can return to play after he has been removed for an injury requiring medical attention.

Athlete name _____ **Date of injury** _____

Parent/Guardian _____

Location _____ **Tournament name** _____

Injury occurred during: (circle one)

Practice Game Scrimmage Tournament Other (describe) _____

REASON FOR ATHLETE'S INCAPACITY

MEDICAL PROFESSIONALS ACTION

I have examined the named athlete following the episode and determined the following:

___ **Permission is granted to return to play immediately**

___ **Permission is granted to return 1 day following episode**

___ **Athlete requires a Physician's note to return to play**

COMMENTS _____

Medical Professional's Printed Name _____ **Date** _____

Medical Professional's Signature _____

License Number _____