



Please forward to:
Okotoks Minor Hockey Association
Box 1152
Okotoks, Alberta T1S 1B2

INJURY RETURN TO PLAY FORM

DATE: _____

PATIENTS NAME: _____ MALE/FEMALE

D.O.B. _____

(CIRCLE)

DAY / MONTH / YEAR

IS HEREBY MEDICALLY CLEARED TO RETURN TO HOCKEY WITH (CHECK IF APPLICABLE)
FOLLOWING _____ (INJURY) INJURIES SUSTAINED _____ (DATE).

NO RESTRICTIONS

RESTRICTIONS

DESCRIPTION OF RESTRICTIONS (AS REQUIRED)

PHYSICIANS NAME (PRINT) _____

PHYSICIANS SIGNATURE _____

LEGAL GUARDIAN NAME (PRINT) _____

LEGAL GUARDIAN SIGNATURE _____

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