



## Airdrie Minor Hockey Association

#AMHASafetyFirst  
Office: 403 912-2680

# Return to Play Form - Injury

This form is to be given to any player after a serious injury resulting in loss of time and/or medical intervention. This includes games, practices, off-ice training, etc.

Dear Health Care Provider:

Thank you for seeing our player. Your assessment is critical to the safe recovery of our player. AMHA has an Injury Policy in place for any player sustaining an injury due to participation in hockey. As per our policy, a Health Care Provider is required to provide clearance for any player that has sustained a serious injury to return to play. Please use this form, or other medical documentation containing the required information, to convey your diagnosis/clearance.

### SECTION 1

- After assessment, it is my diagnosis that \_\_\_\_\_ is able to return to play without restrictions.
- After assessment, it is my diagnosis that \_\_\_\_\_ is medically not able to return to play and requires further supervised health management prior to return to play.

Name of Health Care Provider: \_\_\_\_\_

Signature : \_\_\_\_\_ Date: \_\_\_\_\_

In the event of serious injury diagnosis, Section 2 (reverse side) should be completed as athlete rehabilitates.



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Section 2 required ONLY if player has sustained a lost-time injury

**SECTION 2 - parts 1-2 to be completed by health care provider(physician, therapist,chiropractor, etc)**

<p>1. Follow Up and Rehabilitation Plan</p> <ul style="list-style-type: none"><li>• Player has had follow up assessment/testing with health care professional. An individual rehabilitation plan has been recommended/implemented to support recovery.</li></ul> <p>Initials: _____ Date completed: _____.</p>
<p>2. Rehabilitation Plan Completed &amp; Final Clearance</p> <ul style="list-style-type: none"><li>• Athlete has completed all necessary clinical rehabilitation requirements and is able to return to play <u>without any restrictions</u></li></ul> <p>Initials: _____ Date completed: _____.</p>
<p>3. Form Submission</p> <ul style="list-style-type: none"><li>• Form submitted to Team Safety Coach      Date: _____.</li><li>• Form submitted to AMHA Safety Coordinator      Date: _____.</li></ul>