

## LRA Return to Play Form

This information is strictly confidential and will only be used to assist in the injured player's safe return to play.

Player Name : \_\_\_\_\_

Date of Injury: \_\_\_\_\_

Primary Complaint: \_\_\_\_\_

Diagnosis:

\_\_\_\_\_

\_\_\_\_\_

The following are considerations/restrictions with respect to return to play:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Treating Healthcare Professional: \_\_\_\_\_

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

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

I agree with the above plan and am knowledgeable about my child's condition and situation.

Name of Parent/Guardian: \_\_\_\_\_

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

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

Disclaimer: Personal information used, disclosed, secured or retained by the Lethbridge Ringette Association will be held safely for the purposes for which we collect it and in accordance with the National Privacy Principles contained in the Personal Information Protection and Electronic Documents Act as well as LRA's own Privacy Policy.