



PHYSICIAN RELEASE FOR ATHLETE TO PARTICIPATE WITH SKIN LESION(S)

Student's Name: _____

Release of Medical Information (To be filled out by Parent/Guardian)

The above named student and parent(s)/guardian(s) hereby consent to the release of medical information by Dr(s) _____ to _____ high school to obtain information regarding the (Physician's Name) (Name of School) medical history, records of the below injury or surgery, serious illness and rehabilitation results of the student from his/her physician(s). We understand that the purpose of this request for medical information is to assist the school in the management or rehabilitation of the student's injury/illness. This information is confidential and except as provided in this release will not be otherwise released by the parties in charge of the information. This release remains valid until revoked by the adult student or parent/guardian in writing.

Signature of Parent/Guardian or Adult Student: _____ Date: _____

(Below to be filled out by physician)

Diagnosis: _____ Date of Exam: _____

Location of Lesion(s): _____

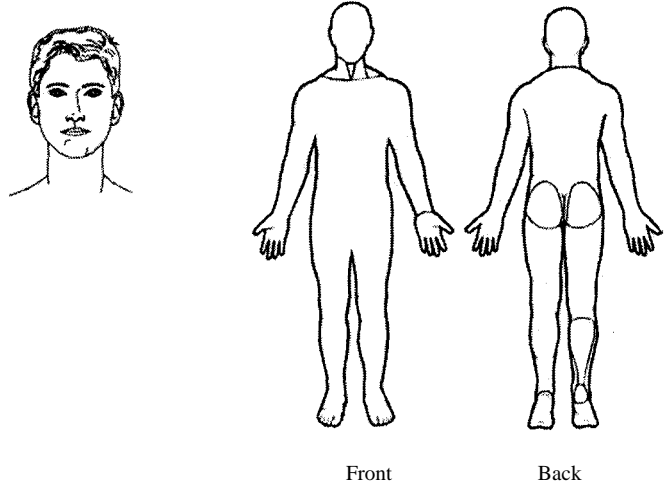
(Mark Location of Lesion(s) on diagram below)

Medication(s) used to treat lesion(s):

Date Treatment Started: _____

This Form Expires on: _____
(Date)

Earliest date may return to participation: _____



Physician's Name: _____
(M.D. or D.O.)

Office Address: _____ Office Phone: _____

Physician's Signature: _____ Date: _____

Note to Providers: Non-contagious lesions do not require treatment prior to return to participation (e.g. eczema, psoriasis, etc.). Please familiarize yourself with NFHS Rules 4-2-3 and 4-2-4 which states:

"ART. 3 ... If a participant is suspected by the referee or coach of having a communicable skin disease or any other condition that makes participation appear inadvisable, the coach shall provide current written documentation from a physician stating that the suspected disease or condition is not communicable and that the athlete's participation would not be harmful to any opponent. This document shall be furnished at the weigh-in or prior to competition in the dual meet or tournament. Covering a communicable condition shall not be considered acceptable and does not make the wrestler eligible to participate. "

"ART. 4 ... If an on-site meet physician is present, he/she may overrule the diagnosis of the physician signing the physician's release form for a wrestler to participate with a particular skin condition. "