



# Renton School District High School Student Athlete Return to Participation Form

Student

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sport: \_\_\_\_\_ Date: \_\_\_\_\_

Nature and Date of Injury / Illness: \_\_\_\_\_  
\_\_\_\_\_

**Report by Medical Authority Licensed to Perform Physical Exams per WIAA (MD, DO, ARNP, PA, Naturopathic Physician)**

*Please complete this portion, and return to the student athlete and his/her parent/guardian. Please note WIAA guidelines do not recognize Naturopathic Physicians as being eligible to clear head injuries.*

Parent / Guardian Signature authorizing release of HIPAA & FERPA regulated information:

X \_\_\_\_\_

Diagnosis: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Restrictions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommendations for Treatment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date Released to resume participation:** \_\_\_\_\_

Follow-Up Visit Recommendations/Referrals: \_\_\_\_\_

Medical Authority Signature: \_\_\_\_\_ Phone Number: \_\_\_\_\_

***Please indicate your licensure:***  MD  DO  ARNP  PA  *Naturopathic Physician (except head injuries)*

**Final School District verification / functional testing by School Athletic Trainer (High School Students Only)**

- Renton School District Certified Athletic Trainer
  - Hazen High School: Ava Klein, ATC, AT/L 206-661-2350 [ava.klein@seattlechildrens.org](mailto:ava.klein@seattlechildrens.org)
  - Lindbergh High School: John Geise, ATC, AT/L 253-569-8631 [johnathan.geise@seattlechildrens.org](mailto:johnathan.geise@seattlechildrens.org)
  - Renton High School: Thuy-Vy Nguyen, ATC, AT/L 425-891-1161 [thuy-vy.nguyen@seattlechildrens.org](mailto:thuy-vy.nguyen@seattlechildrens.org)

Sport-specific testing date following medical authority clearance: \_\_\_\_\_  
\_\_\_\_\_

Results: \_\_\_\_\_

Date Cleared by AT for full RTP: \_\_\_\_\_ AT Signature: \_\_\_\_\_ Date: \_\_\_\_\_