



Paint Creek Pediatrics
200 Diversion Street, Ste 20
Rochester, MI 48307
(248) 656-3440

Clearance to Return to Play

Name _____ Date _____

Diagnosis _____

May return to: Full participation in _____ on _____
(sport or activity) (date)

Limited participation (with the following restrictions): _____

Not cleared to participate until _____

Special instructions:

Recommendation for taping, pads. And/or protective equipment:

Medications (or other treatments) that may need to be taken during school or available at practice/games:

Suggested number of practices to complete before returning to games of competition: _____

Medical follow-up with: _____ date _____

Physician name _____ Phone _____

Address _____

Signature _____