Athletic Participation Form for Athletes with Chronic Medical Conditions

Student Athlete:	Date of Birth:
\$port(s):	
Diagnosed chronic medical condition(s):	
I have discussed the risk factors related to 00 my student athlete for the above condition(s	DVID19 and athletic participation with the physician treatings).
Parent	Printed name of parent
 Date	
*********	************
TO BE COMPLETED BY PHYSICIAN:	