



Medical Request for Reinstatement to the Championships

It is the responsibility of the head coach to make sure this form is completed by the Meet Medical Official and then delivered to the Head Event Referee within the 30-minute window for protests for the missed event.

Name of Athlete (please print): _____

Name of School: _____

Event missed because of injury): _____

Name of Head Coach (please print): _____

Signature of Head Coach): _____

For the Meet Medical Personnel:

Day: _____ Date: _____ Time: _____ AM/PM

Nature of Injury:

Recommendation:

____ I do recommend continued participation by the competitor in the meet.

____ I do not recommend continued participation by the competitor in the meet.

Name of Meet Medical Official (please print): _____

Signature of Meet Medical Official: _____

Signature of Games Committee Member: _____

For the Meet Referee:

Determination of the Meet Referee:

____ This athlete may continue to participate in the meet.

____ This athlete may not continue to participate in the meet.

Notes:

Day: _____ Date: _____ Time: _____ AM/PM

Name of Meet Referee (please print): _____

Signature of Meet Referee: _____