



Dedicated to Youth Sports Injury Prevention

JSMP FOUNDING/SUSTAINING PARTNERS: Wolfson Children’s Hospital • Nemours Children’s Clinic
Brooks Rehabilitation • Mayo Clinic • The Duval County Medical Society
The Duval County Public Schools

Post Injury Return to Participation

To be completed by coach

School _____ Date _____

Athlete’s Name _____ Date of Birth _____

Sport _____ Injury Date _____

Describe Injury _____

To be completed by physician

Activity level after physician visit (circle one) Full Limited None

Explanation _____

He/she may not participate in physical activity until ____/____/_____.

He/she will be evaluated on ____/____/_____.

Physician Name _____ Signature _____

Phone _____ E-mail (optional) _____