



HOCKEY TRAINERS CERTIFICATION PROGRAM RETURN TO PLAY

Name of Player

is able to return to play following injuries sustained on

Date

Considerations /restrictions with respect to return to play:

Name of Medical Authority

Type of Medical Authority

Date: _____

Signature

This information is strictly confidential and will only be used to assist in the player's safe return to play. All records will be returned to the player.

NOTE: The HTCP recommends that this be completed by a physician, chiropractor, physiotherapist or nurse practitioner for muscular or skeletal injuries (excluding fractures). Fractures as well as all neurological injuries including spinal injuries and concussions must be signed off by a physician.

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