



Georgetown High School
Athletic Training
 2211 N. Austin Ave
 Georgetown, TX 78626
 Fax: (512) 943-5125



Note to Parents and Physicians

*******Athletes who do not have a completed form on file will not be released to participate in any capacity*******
Even if the athlete does not have restrictions, they must have a completed form on file in the Athletic Training Room
Please return this completed form in person, by email, or by fax to the GHS Staff Athletic Trainers
A note with school attendance restrictions only does not take the place of this note

ATHLETE & INJURY/ILLNESS INFORMATION

Name: _____ Date: _____ Grade: ___ Sport: _____ School: GHS BMS FMS

DIAGNOSIS: _____

RECOMMENDED ACTIVITY

- Complete Rest ___ Weeks ___ Days
- Limited Activity ___ Weeks ___ Days _____
- Full Activity WITH Restrictions: _____
- Full Activity NO Restrictions
- Release to Athletic Trainer/Treat as Needed

RECOMMENDED THERAPY

- Therapy & Rehab per Athletic Trainer discretion including but not limited to general conditioning, modalities, cryotherapy, thermotherapy, progressive resistance exercises, agility drills etc.
- Additional Recommended Therapy: _____

FUTURE APPOINTMENTS

- Followup Required – Date of Followup Appointment: _____
- Followup NOT Required – Athlete is Released After the Following Date: _____

Special Instructions/Limitations: _____

Printed Name of Physician/Stamp: _____ Signature of Physician _____

Office Phone #: _____ Fax #: _____

Thank You
 Georgetown High School Athletic Trainers

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