



RETURN TO PLAY AUTHORIZATION

This form MUST be completed by a medical professional and submitted to the Vice-President of C&DMHA, prior to player returning to the ice after an injury.

Date of Injury: _____

Date Injury reported to C&DMHA: _____

Injured Person: _____ **Position:** _____

Nature of Injury:

Doctor's Assessment:

Doctor's Name (please print): _____

Doctor's Signature: _____