

Paramus Public Schools Athletics COVID clearance form

This form must be signed by one of the following examining Licensed Health Care Providers (LHCP) before the student-athlete is allowed to resume full participation in athletics: Licensed Physician (MD/DO), Licensed Physician Assistant (PA), Licensed Nurse Practitioner (NP). This form must be signed by the student-athlete's parent/legal custodian giving their consent before their child resumes full participation in athletics.

Name of Student-Athlete: _____ DOB: _____ Male/Female
Date COVID-19 Infection Diagnosed: _____ Date COVID-19 Infection Resolved: _____

This is to certify that the above-named student-athlete has been diagnosed and treated for COVID-19 infection. As the examining LHCP, I attest that the above-named student-athlete is now reporting to be completely free of all signs and symptoms of COVID-19 and has had negative results on all the appropriate cardiopulmonary diagnostic studies. By signing below therefore, I give the above-named student-athlete consent to resume full participation in athletics.

Signature of Licensed Physician, Licensed Physician Assistant,
Licensed Nurse Practitioner (Please Circle)

Date

Please Print name

Please Print Office Address

Phone Number

Parent/Legal Custodian Consent for Their Child to Resume Full Participation in Athletics I am aware that Paramus REQUIRES the consent of a child's parent or legal custodian prior to them resuming full participation in athletics after having been diagnosed and treated for a COVID-19 infection. I acknowledge that the Licensed Health Care Provider above has overseen the treatment of my child's COVID-19 infection care and has given their consent for my child to resume full participation in athletics. By signing below, I hereby give my consent for my child to resume full participation in athletics.

Signature of Parent/Legal Custodian

Date

Please Print Name and Relationship to Student-Athlete