LHSAA RETURN TO COMPETITION FORM COVID-19

This form serves as written communication between schools and the LHSAA regarding any/all COVID-19 positive cases that result in the quarantine of student-athlete(s) and/or entire teams. This written statement from a school principal and physician/Louisiana Department of Health must be submitted to the LHSAA in order for a team/athlete(s) to return to competition.

Please read the “Fall/Winter/Spring Sports COVID-19 Guidelines” - Guidelines for Symptomatic individuals with presumed or confirmed Covid-19 for guidance on athletes who are symptomatic.

If your team must cancel or postpone a competition(s) due to COVID-19, please follow these steps for updating your schedule in the members’ only website:

- Communicate to your opponent and the Regional Coordinator of Officials that you must cancel the competition. Your opponent will have the opportunity to find another opponent.
- Select “OPEN DATE/TO BE DETERMINED” in the opponent school drop down list on the members’ only website.
- If your opponent does not find a replacement, select “cancelled”.
- There is no consequence for cancelling a competition due to COVID-19.

If an athlete(s)/coach(es)/sideline personnel tests positive during the forty-eight (48) hour period following conclusion of the contest:

- Information should be shared with the previous opponent(s) and the Regional Coordinator of Officials, if applicable, to facilitate contact tracing.
- If a competition is cancelled due to a positive case follow the steps above for schedule changes.

The undersigned physician/Louisiana Department of Health official has examined the student-athlete/team identified below and, along with the school principal, gives permission for the student-athlete/team to return to competition on the date and in the sport identified.

<table>
<thead>
<tr>
<th>Athlete/Team:</th>
<th>Sport:</th>
</tr>
</thead>
<tbody>
<tr>
<td>School:</td>
<td>Principal:</td>
</tr>
<tr>
<td>Date of Quarantine:</td>
<td>Date to Return:</td>
</tr>
<tr>
<td>Attending Physician:</td>
<td>LA Medical License:</td>
</tr>
</tbody>
</table>

**Physician Signature:** ____________________________  **Date:** ____________________________

**Principal Signature:** ____________________________  **Date:** ____________________________

*This form must be completed in its entirety and emailed to the LHSAA Executive Assistant assigned to the sport:*

- Volleyball, Basketball, Softball – Karen Hoyt at khoyt@lhsaa.org
- Cross Country, Wrestling, Tennis, Indoor and Outdoor Track & Field – Adam MacDowell at amacdowell@lhsaa.org
- Swimming, Bowling, Soccer, Baseball – Michael Federico at mfederico@lhsaa.org
- Gymnastics, Powerlifting – Lee Sanders at lsanders@lhsaa.org
- Golf – Eric Held at eheld@lhsaa.org
- Football - Kathie Smith at ksmith@lhsaa.org