



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.
- Follow the "Guidelines for Symptomatic individuals with confirmed Covid-19" in the "Fall/Winter/Spring Sports COVID-19 Guidelines".
- 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.

Athlete/Team:	Sport:
School:	Principal:
Date of Quarantine:	Date to Return:
Attending Physician:	LA Medical License:

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