

lhsaa TEAM return to competition form

COVID-19

This form serves as written communication for schools who have a COVID-19 positive case that results in the isolation and/or quarantine of a student-athlete. This written statement from a physician must be submitted to the LHSAA in order for an athlete to return to competition.

The undersigned physician has examined the student-athlete identified below and gives permission for the student-athlete to return to competition on the date and in the sport identified.

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

Physician 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*](mailto:khoyt@lhsaa.org)

*Cross Country, Wrestling, Tennis, Indoor and Outdoor Track & Field – Adam MacDowell at* [*amacdowell@lhsaa.org*](mailto:amacdowell@lhsaa.org)

*Swimming, Bowling, Soccer, Baseball – Michael Federico at* [*mfederico@lhsaa.org*](mailto:mfederico@lhsaa.org)

*Gymnastics, Powerlifting – Lee Sanders at* [*lsanders@lhsaa.org*](mailto:lsanders@lhsaa.org)

*Golf – Eric Held at* [*eheld@lhsaa.org*](mailto:eheld@lhsaa.org)

*Football - Kathie Smith at* [*ksmith@lhsaa.org*](mailto:ksmith@lhsaa.org)