

## CAST RULE PHYSICIAN'S RELEASE

### FOOTBALL

**National Federation Football Rule Book Rule #1 Section 5 Article 3c:** Casts, splints or body braces made of a hard substance in its final form such as leather, rubber, plastic, plaster or fiberglass unless covered on all exterior surfaces with no less than 1/2 inch thick, high density, closed-cell polyurethane, or an alternate material of the same minimum thickness and similar physical properties to protect an injury. A medical release for the injured player signed by a licensed medical physician shall be available at the game site.

### Note to physician:

Please fill this form out in its entirety. Any portion not completed will invalidate this form causing the officials to refuse the athlete participation.

FORM MUST INDICATE DATES THE ATHLETE IS ABLE TO PLAY VHSL FOOTBALL WITH HARD CAST SPLINT APPLIANCE.

*Please discuss with the athletic trainer any special instructions or requests regarding the participation status of this player.*

**Please print or type:**

School: \_\_\_\_\_ Athletic Trainer: \_\_\_\_\_

Name of Athlete: \_\_\_\_\_ Jersey Number: \_\_\_\_\_

Physician: \_\_\_\_\_  
*Please print name (must indicate M.D. or D.O.)*

Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Physician's Telephone Number: \_\_\_\_\_ Involved extremity:  Left  Right

Description of injury:

Must be completed and signed by Physician:

**MUST BE SPECIFIC WITH BEGINNING AND ENDING DATES THAT ATHLETE IS ABLE TO PLAY:**

This athlete is able to compete in football practice/games from \_\_\_\_\_ to \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_