



## Clearance to Play

\_\_\_\_\_ is under care of \_\_\_\_\_  
Name of Athlete Name of Doctor

at this time. He/She has a cast that is necessary for the recovery of an injury to the upper extremity. This note provides clearance for the athlete to participate in practice and games from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_. The cast must be completely padded with no less than  $\frac{1}{4}$  inch thick, high-density foam. Please direct any questions concerning this note to the athletic trainer.

\_\_\_\_\_  
Signature of Doctor Date