

APPENDIX C

**WALLACE COMMUNITY COLLEGE
PREVIOUS INJURY/ILLNESS RELEASE FORM**

Student-athlete's Name _____

Sport _____

If there has been an injury or any medical condition that prevented, limited, or altered your participation in, or preparation of athletic activity, within the last 12 months, you must be medically released by the treating physician before being allowed to participate in Wallace Community College Athletic activities.

Treating Physician

Office Phone #

Address

City, State

Zip

List the injury/condition that prevented, limited, or altered the **student-athlete** named above from participation or preparation for athletic activity

Injury/Condition

Comments

Date first seen and/or treated

On the basis of my treatment, and/or evaluation, I have found no reason which makes it medically inadvisable for the **student-athlete** to fully and completely participate in any intercollegiate activities and release this **student-athlete** for intercollegiate participation.

Physician Name

Date

Physician Signature