

WALLACE COMMUNITY COLLEGE

Previous Injury/Illness Release Form

Student-Athlete 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 Phone Number

Address City State Zip

What was 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