

## **CAST RULE PHYSICIAN'S RELEASE** **FOOTBALL**

**National Federation Football Rule Book Rule #1 Section5, Article 3c:** *Hard substances in its final form such as leather, rubber, plastic, plaster or fiberglass when worn on the hand, wrist, forearm or elbow must be 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 in injury as directed in writing by a licensed medical physician..*

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### **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. D.)

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

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

Physician's Telephone Number: \_\_\_\_\_

Involved Extremity:  Left  Right

Description of injury: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **\*\*\* MUST COMPLETE \*\*\***

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

MUST BE SPECIFIC WITH BEGINING DATE THAT ATHLETE IS ABLE TO PLAY WITH HARD FORM  
SUBSTANCE PROTECTIVE DEVICE

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