

Medical Clearance Form

After careful consideration, and as the Healthcare Provider of the student listed below, I give medical clearance for “Higher Risk” school sponsored sports in accordance with the protocols established by the Argyle Central School District, Washington County Department of Health, and New York State Department of Health.

Sport(s): _____

Name of Student-Athlete (printed): _____

Name of Health Care Provider (printed): _____

Signature of Health Care Provider : _____ Date: _____