



**Gadsden State Community College  
Injury/Illness Release  
Athletic Office (256) 549-8310**

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, with in the last 12 months, you must be medically released by the treating physician before being allowed to participate in any Gadsden State Athletic activities.

**To be completed by physician:**

\_\_\_\_\_  
Treating physician \_\_\_\_\_ Phone number \_\_\_\_\_

\_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

What was the injury/condition that prevented, limited, altered the student-athlete named above, in 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 full and completely participate in any intercollegiate activities and release this student for intercollegiate participation.

\_\_\_\_\_  
Signature of Physician \_\_\_\_\_ Date \_\_\_\_\_

**I have not have any injury or any medical condition within the last 12 months.**

\_\_\_\_\_  
**Student Athlete** \_\_\_\_\_ **Date** \_\_\_\_\_