



CLEARVIEW REGIONAL HIGH SCHOOL DISTRICT
Guy D. Midure – Assessing Certified Athletic Trainer PHONE # 856-223-2778
Katie Skinner – Assessing Certified Athletic Trainer PHONE # 856-223-2798
625 BREAKNECK ROAD
MULLICA HILL, NJ 08062
Fax # 856-223-2749

Home/Physician Note

To Parent/Guardian of: _____

Referred By: _____ Guy Midure, ATC _____ Katie Skinner

Date of Injury: _____ Date Reported: _____ Date Referred: _____

Impression of Injury: _____

AT THIS TIME IT IS RECOMMENDED: (SEE INSTRUCTIONS BELOW)

- _____ REST, ICE (15-20 MINUTES, EVERY 1-2 HOURS)
- _____ REFERRAL TO PHYSICIAN - **PLEASE TAKE THIS NOTE TO PHYSICIAN**
- _____ RETURN TO ATHLETIC TRAINER FOR RE-ASSESSMENT TOMORROW
- _____ CONTACT THE ATHLETIC TRAINER AT YOUR EARLIEST CONVENIENCE
- _____ OTHER: _____

FOR THE PHYSICIAN (MD, DO, PA, NP) - PHYSICIAN PLEASE RECORD THE INFORMATION BELOW OR INCLUDE THIS INFORMATION ON YOUR NOTE:

DIAGNOSIS: _____

PLAN OF TREATMENT: _____

RESTRICTIONS: (IF APPLICABLE) _____

DATE OF RETURN TO ATHLETICS: _____

PHYSICIAN'S NAME _____

PHYSICIAN'S SIGNATURE and DATE _____

THE ABOVE INFORMATION IS REQUIRED FOR YOUR ATHLETE TO RETURN TO ACTIVITY AND FOR IN SCHOOL TREATMENTS