



## AUTHORIZATION TO USE A PRESCRIBED APPLIANCE IN AN ATHLETIC CONTEST

Must meet National Federation of High School Associations (NFHS) rule requirements. Officials have the final authority to approve/disapprove the appliance at the time of the contest.

Note: Form is still required but does NOT require NCISAA approval.

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Student-Athlete's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_  
School: \_\_\_\_\_ Classification: \_\_\_\_\_  
Sport: \_\_\_\_\_ Uniform Number: \_\_\_\_\_  
Injury: \_\_\_\_\_  
Appliance: \_\_\_\_\_

The above student-athlete is permitted to participate in athletics while wearing the prescribed appliance, assuming all other stipulations as decreed by the NFHS are met. This appliance is being used for the sole purpose of protecting an existing injury and is, under no circumstance, to be used as a weapon to gain an unfair advantage or abuse an opponent.

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Licensed Physician (MD/DO), Licensed Athletic Trainer, Licensed Physician Assistant, Licensed Nurse Practitioner, (Please Circle)  
Office Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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Parent/Legal Custodian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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Head Coach Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Head coach is responsible for NFHS uniform and appliance rule compliance and MUST therefore sign this form.