

Authorization to Use a Prescribed Appliance in an Athletic Contest

Must meet NFHS rule requirements. Officials have the final authority to approve the appliance at the time of the contest.

NOTE: Form is still required, but does NOT require NCHSAA approval.

Student's Name _____ Grade _____ Age _____

School _____ Class _____

Sport _____ Uniform # _____

Injury _____

Appliance _____

The above student is permitted to participate in athletics while wearing the prescribed appliance, assuming all other stipulations as decreed by the National Federation of High School Associations 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.

Licensed Medical Physician _____

Signature

Address _____

Address including city/state/zip

Telephone _____ Date _____

Parent/Guardian _____

Signature

Address _____

Address including city/state/zip

Telephone _____ Date _____

Head Coach's Signature _____

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