

## Authorization to Use a Prescribed Appliance in an Athletic Contest

Completed form should be faxed to NCHSAA for Approval:  
Fax (919)962-7812

Approved copy will be returned to you to keep on file at contest(s)

**NOTE: Officials have the final authority to approve the appliance at the time of the contest.**

Student's Name \_\_\_\_\_ Age \_\_\_\_\_

Uniform # of Student \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Sport \_\_\_\_\_

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.