

William S. Hart Union High School District

Athletic Clearance Form

**RETURN
TO
ATHLETIC
DIRECTOR**

1. Warning to Student-Athlete and Parents
2. Certificate of Student Insurance
3. Parent Consent and Co-Curricular Agreement

Active Sport(s):

Fall _____

Winter _____

Spring _____

You must complete all sections of this form before your daughter/son can participate in Interscholastic athletic practices and contests

Please print all information

Name _____ ID# _____ Graduation Year _____

Address _____ City _____ State _____

Zip _____ Phone _____ Birth Date _____

School Attended Last Year _____ Sex M F

Name of Doctor _____ Doctor Phone _____ Fax _____

Address _____ City _____ Zip _____

1. Warning to Student-Athlete and Parents :

By nature, competitive athletics may put students in a situation where **SERIOUS, CATASTROPHIC**, and perhaps, **FATAL ACCIDENTS** may occur. By granting permission for your student-athlete to participate in athletic competition, you, the parent or guardian, acknowledge that such risks exist.

Student-Athlete's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____

2. Certificate of Student Insurance :

It is the responsibility of the parent/guardian to secure insurance coverage prior to participation in athletics. Sections 32220-32224 of the Education Code requires that each member of an athletic team have insurance. I certify that my student is covered by insurance as required and further, said coverage will be in force for the entire current school year. I understand that the school district has made available an accident insurance program in which my child may enroll and that the program is optional.

Name of Insurance Company _____ Policy # _____

Myers-Stevens Insurance (optional) Date mailed : _____

3. Parental Consent and Co-Curricular Agreement :

I hereby give consent for my student to participate in Interscholastic Athletics in the Wm. S. Hart Union High School District. In case of injury to my daughter/son, you are authorized to have her/him treated. I further understand that in case of injury, the school staff and Associated Student Body is relieved of all liability from medical or hospital bills sustained in participation in interscholastic athletic competition. I hereby give my consent for my daughter/son to compete in sports and go with a representative of the school on any trip(s). I have also read the co-curricular policy regarding requirements for participation in school activities and agree to abide by the rules and regulations. (See "Notice of Rights, Regulations and Responsibilities")

Student-Athlete's Signature _____ Date _____

Parent's/Guardian's Signature _____ Date _____

William S. Hart Union High School District

CERTIFICATE OF PHYSICAL EXAMINATION

Name _____ DOB _____ / _____ / _____

Height _____ Weight _____ Pulse _____ BP _____ / _____

Please place a “✓” as either Normal or Abnormal for all findings below. Please describe in detail all abnormal findings.

	Normal	Abnormal	Comments
Heart			
Pulses			
Lungs			
Neck			
Back			
Shoulder/Arm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle/Foot			
Other pertinent medical findings			

Additional comments: _____

List any restrictions and duration: _____

I hereby certify that _____ was examined by me on _____ 20____

and found to be physically fit to engage in athletics.

Physician's Signature _____ **Date** _____

Stamp name or attach card of medical office here ▼

Back side to be completed by parent/guardian before physical exam.

RETURN
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William S. Hart Union High School District

MEDICAL HISTORY TO BE COMPLETED BY PARENT/GUARDIAN BEFORE PHYSICAL EXAM

Name of Student-Athlete _____ Sex _____ Age _____ DOB _____

Grad. Yr. _____ School _____ Sport(s) _____

Check **Yes** or **No** (If "Yes" explain)

1. Has the student-athlete had a medical illness or injury since his/her last check up or sport physical? Y N

2. Is the student-athlete currently taking any prescription or nonprescription (over-the-counter) medication or using an inhaler? Y N

3. Does the student-athlete have any allergies (for example, pollen, medicine, food, or stinging insects)? Y N

4. Has the student-athlete ever had a seizure? Y N

5. Has the student-athlete ever become ill from exercising in the heat? Y N

6. Is there any pertinent medical information coaches or physicians should know about the student-athlete? Y N

7. Does the student-athlete wear glasses, contacts, or dental braces? Y N

Parent/Guardian Signature

Date

RETURN
TO
COACH

William S. Hart Union High School District

Athletic Emergency Form

Please Print

Name _____ Grad Year _____
Last First Middle

Parent/Guardian Name _____ Home Phone _____

Address _____ City _____ Zip _____

Father Work _____ Cell _____

Mother Work _____ Cell _____

In an emergency (if parents cannot be reached) notify:

1. _____ Phone # _____ Cell # _____

2. _____ Phone # _____ Cell # _____

3. _____ Phone # _____ Cell # _____

Family Doctor _____ Phone # _____ Fax # _____

Address _____ City _____ Zip _____

NOTE: Please state any pertinent medical information coaches or physicians should know about the student-athlete. (Allergies, medications, or conditions that require immediate emergency treatment such as Epi-Pen, Glucagon, inhalers, etc.)

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination or immunizations for the above-named student. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is not able to communicate with me, the treatment necessary for the best interest of the above-named student may be given.

Permission is also granted to the Certified Athletic Trainer to provide the needed first aid treatment prior to the student's admission to any medical facility.

Parent's/Guardian's Signature _____ Date _____

Attention Athletes: At the conclusion of the season, you must take this emergency form to your next coach. If you do not transfer this form, you will have to fill out a new form.