

Claremont High School
ATHLETIC CLEARANCE FORM

Please read both sides, complete **entire form** and return to the ASB Office to obtain clearance to participate.

NAME _____ BIRTHDATE _____
STREET _____ CITY _____ ZIP _____
PARENTS' NAMES _____
Work Phone (father) _____ Work Phone (mother) _____
PHYSICAL – DOCTOR'S SIGNATURE IS REQUIRED Home Phone: _____

Physician's Signature Date of Exam

Physician's Printed Name State License #

HAS THE STUDENT HAD ANY INJURY OR PHYSICAL CONDITION THAT SHOULD BE WATCHED? _____
IF YES, PLEASE LIST: _____
PARENT TO COMPLETE: _____

State law requires all students who participate in athletics to have medical insurance. List the company name, policy number, and local claims office of the provider of your students medical insurance.

COMPANY: _____ POLICY # _____
CLAIMS OFFICE ADDRESS: _____ PHONE # _____

IN CASE OF INJURY OR ILLNESS, and you cannot be reached, whom do you request locally to take your student home or to the physician named below:

NAME: _____ PHONE: _____
NAME: _____ PHONE: _____

CONDITIONS REQUIRING SPECIAL EMERGENCY CARE: _____
KNOWN HEALTH PROBLEMS: _____
ALLERGIES: _____
ON THE FOLLOWING MEDICATION: _____
Exact instructions for care in the event of emergencies related to the conditions described above: _____

APPROVAL OF PROCEDURES FOR NECESSARY TREATMENT:

When the administrator, coach, or trainer decides our minor child need urgent medical treatment, there will be reasonable attempts to contact us. We give this authorization in advance so when we cannot be reached, he/she will have the power to give approval for necessary medical attention recommended by a licensed physician or surgeon. Neither the administrator, coach or trainer nor the school district will assume any financial responsibility for this action.

In necessary situations where we cannot be contacted, we hereby authorize the administrator, coach, or trainer to follow the procedures listed below which are pursuant to Section 25.8 of the Civil Code of California.

1. Time and situation permitting, to make reasonable attempts to contact persons identified on this form.
2. When said persons cannot be contacted, the administrator, or coach, or trainer is to act in our behalf.
3. Time and situation permitting, to contact an ambulance service, paramedics, medical doctor, or hospital as required.

Doctor: _____ Phone: _____

Hospital: _____ Phone: _____

The administrator, coach, or trainer is hereby authorized to give consent for any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care under the supervision, and upon the advice of any licensed physician or surgeon

PARENT OR GUARDIAN SIGNATURE _____

I give my student permission to participate. This will acknowledge that we have read, agree to and understand the material and warnings contained on the front and back of this form.

PARENT OR GUARDIAN SIGNATURE _____

WARNING TO STUDENTS AND PARENTS:

By its very nature competitive athletics may put students in situations in which SERIOUS CATASTROPHIC and perhaps FATAL ACCIDENTS may occur.

Many forms of athletic competition result in violent physical contact between players, the use of equipment, which may result in accidents, strenuous physical exertion, and numerous other exposures to risk of injury.

Students and parents must assess the risks involved in such participation and make their choice to participate in some of these risks.

No amount of instruction, precaution, or supervision will totally eliminate all risk of injury. Just as driving an automobile involves choice of risk, athletic participation by high school students also may be inherently dangerous. The obligation of parents and students in making this choice to participate cannot be overstated. There have been accidents resulting in death, paraplegia, quadriplegia, and other serious permanent physical impairment as a result of athletic competition. By granting permission for your student to participate in athletic competition, you, the parent or guardian acknowledge that such risk exists.

Students will be instructed in proper techniques to be used in athletic competition and in proper utilization of all equipment worn or used in practice and competition. Students must adhere to that instruction and utilization and must refrain from improper uses and techniques.

PERMISSION TO PARTICIPATE:

I hereby give my consent for the above named student to participate in interscholastic athletics, pep squad, pep squad units, band units, or band. I further authorize him/her to ride in supervised, school provided transportation to and from games, competitions, and events.

I hereby release the Claremont Unified School District, its agents and employees from liability arising therefrom.

If any of the foregoing stated information is not completely understood, please contact the school principal for further assistance.