

**Princeton Joint Unified School District**  
473 State Street  
Princeton, CA 95970



## ATHLETIC CLEARANCE FORM

### 1. Injury warning and permission to participate in Interscholastic Athletics

Participation in competitive athletics may result in severe injury, including paralysis or death. Changes in rules, improved conditioning programs, better medical coverage, and improvements in equipment have reduced these risks BUT IT IS IMPOSSIBLE TO TOTALLY ELIMINATE SUCH OCCURANCES FROM ATHLETICS. Players can reduce the chance of injury by obeying all safety rules in their sport, reporting all physical problems to their coaches, following a proper conditioning program, and inspecting equipment daily.

### 2. Insurance:

I have purchased accident insurance through the school as shown below:

\_\_\_\_\_ Tackle football insurance (covers tackle football only)  
\_\_\_\_\_ School time insurance (covers sports other than tackle football)  
\_\_\_\_\_ Full time insurance (covers sports other than tackle football)

POLICY NUMBER \_\_\_\_\_ I.D. NUMBER \_\_\_\_\_

Or

\_\_\_\_\_ I have health or accident insurance, which provides at least \$1500 of accidental bodily insurance. If so, please list the following information:

NAME OF INSURANCE CARRIER \_\_\_\_\_

POLICY OR GROUP NUMBER \_\_\_\_\_ I.D. NUMBER \_\_\_\_\_

NAME OF INSURED \_\_\_\_\_

WE ACKNOWLEDGE THAT OUR SON/DAUGHTER HAS PASSED HIS/HER PHYSICAL EXAMINATION, THAT THE INFORMATION IS ACCURATE, AND THAT WE HAVE READ AND UNDERSTAND THE INFORMATION IN THE INJURY WARNING SECTION OF THIS ATHLETIC CLEARANCE FORM.

\_\_\_\_\_  
Parent/Guardian signature                      Date

\_\_\_\_\_  
Parent/Guardian Signature                      Date

PERSONAL EMERGENCY INFORMATION AND PHYSICAL CLEARANCE

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Year \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Father's Work Phone \_\_\_\_\_ Mother's Work Phone \_\_\_\_\_

If parent cannot be reached, call \_\_\_\_\_ Phone \_\_\_\_\_

AUTHORIZATION TO TREAT A MINOR

In the event of an emergency and reasonable attempts for contact have not been successful, I do hereby authorize and consent to any X-Ray, examination, anesthetic, medical, or surgical diagnosis and treatment and emergency hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any member of the medical staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

This authorization is given pursuant to provisions of Section 25.8 of Civil Code of California.

\_\_\_\_\_  
Parent/Guardian Signature Date

ATHLETIC PHYSICAL EXAMINATION  
(Doctor's Use Only)

Height \_\_\_\_\_ Weight \_\_\_\_\_

ENT: \_\_\_\_\_ Heart/Lungs: \_\_\_\_\_ Hernia: \_\_\_\_\_ BP: \_\_\_\_\_

Allergies: \_\_\_\_\_

COMMENTS:

Physically fit to engage in all sports except: \_\_\_\_\_

\_\_\_\_\_  
Doctor's Signature Date