



2020-2021 Checklist of Items to Turn into Athletic Director (5 Documents TOTAL):

1. **Confirmation Message Page (www.athelticclearance.com)**
 - a. **Printed, signed, & dated by Parent/Guardian**
 - b. **See “Online Athletic Clearance Instructions” below.**
2. **Physical Examination Form**
 - a. **Signed, dated, and STAMPED by Doctor’s Office**
3. **Medical Eligibility Form**
 - a. **Signed & dated by Doctor’s Office**
4. **Photocopy of Insurance Card (front & back)**
 - a. **MUST have STUDENT’S name on card**
 - b. **If student’s name does not appear on card, please attach email from insurance provider stating that student is covered.**
5. **Transportation Form**
 - a. **Please make sure parent/guardian signs top, initials middle 5 lines, then signs the bottom TWO per driver approval and rider approval.**
 - b. **If your student does NOT drive yet, that will be the ONLY line that is not signed, ALL other lines MUST be signed in order to participate in athletics.**
 - c. **See example provided.**

Online Athletic Clearance Instructions:

1. Visit www.AthleticClearance.com
2. Watch the quick tutorial video.
3. Register. Parents/Guardians register with first and last name, a valid email username and password. You will be asked to type in a provided code to verify you are human. If this step is skipped your account will not activate.
4. Login.
5. Select “Start Clearance Here!” to start the process.
6. Choose the School Year (2020-2021) in which the student plans to participate.
7. Choose the School at which the student attends and will compete for.
8. Choose Sport.
9. Complete all required fields for Student Information, Medical History, Parent/Guardian Information and Signature Forms.
10. Once you reach the Confirmation Message you have completed the process. **Please review, print, and sign the confirmation page.**
11. All of this data will be electronically filed with your school’s athletic department for review. When the student has been cleared for participation, an email notification will be sent.

Select Language ▼

Aja Foster

#1
* Example of Confirmation Message *

[INJURIES](#)

[MY ACCOUNT](#)

[CONTACT US](#)

[SIGN OUT](#)



[CLEARANCES](#)

[Go Back](#)

Confirmation Message

Dear _____

This message is to let you know _____ has started the Athletic Clearance process to participate in Cheer Fall for San Diego.

The final step in this process requires parent and student signatures in agreement of the consent to participate. Please read, sign and return to the Athletic office along with your completed physical forms.

[CLICK HERE FOR PHYSICAL FORM!](#)

I hereby give my consent for _____ hereafter named student, to compete in athletics. I authorize the student to go with and be supervised by a representative of the school on any trips. In case this student becomes ill or is injured, you are authorized to have the student treated and I authorized the medical agency to render treatment. I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under, the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or said hospital it is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of the school representative to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. This authorization shall remain effective until the end of the school year unless sooner revoked in writing and delivered to the school.

Parent Signature _____

Student Signature _____

Date _____

Thank You,

San Diego High School
Athletic Department

[Print](#)

■ PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

Name: _____ Date of birth: _____

PHYSICIAN REMINDERS

- Consider additional questions on more-sensitive issues.
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATION		
Height: _____	Weight: _____	
BP: _____ / _____ (_____ / _____)	Pulse: _____	Vision: R 20/ _____ L 20/ _____ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency) 		
Eyes, ears, nose, and throat <ul style="list-style-type: none"> Pupils equal Hearing 		
Lymph nodes		
Heart ^a <ul style="list-style-type: none"> Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver) 		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis 		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional <ul style="list-style-type: none"> Double-leg squat test, single-leg squat test, and box drop or step drop test 		

^a Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name: _____ Date of birth: _____

- Medically eligible for all sports without restriction
- Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

 Medically eligible for certain sports

- _____

 Not medically eligible pending further evaluation
- Not medically eligible for any sports

Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____

DISTRICT SUPPORT FOR THE INTERSCHOLASTIC ATHLETICS PROGRAM

AUTHORIZATION FOR STUDENT PARTICIPATION IN A ONE-DAY OR SEASONAL ACTIVITY

I, the undersigned, authorize my son/daughter * _____, to participate in Athletics activity scheduled for _____ (date) from _____ am/pm to _____ am/pm or during semester 1+2 semester from 8/31/20 (date) to _____ (date).

I understand that California law (Education Code section 35330) provides that any person making a field trip or excursion waives all claims against the school district and the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. Accordingly, I hereby waive all claims that I might have against the school district or the State of California, their officers, agents, and employees for injury, accident, illness, or death occurring during or by reason of the activity described above.

*

Parent/Guardian Signature

Date

AUTHORIZATION FOR USE OF PRIVATE VEHICLES* FOR STUDENT TRANSPORTATION AND INSTRUCTIONS FOR DRIVERS

I, the undersigned, understand that participation in the above-listed field trip or school activity will require transportation by bus or private vehicles driven by students, parents, or other designated drivers. I certify that I have read the below instructions that apply to all drivers or riders in private vehicles:

* _____ Driver has a valid license. (If provisional or the driver is under 18 years old, passengers under 20 years old may not be transported at any time during the first 12 months; and no driving between 11 pm and 5 am may occur unless accompanied by a licensed parent/guardian or other licensed driver age 25 or older.)

* _____ The vehicle is safe (tires, brakes, lights, horn, suspension, etc.) A safety check of the type conducted by the California Highway Patrol is recommended.

* _____ Driver has adequate liability insurance. Drivers/owners of private vehicles are liable in the event of illness, accident, injury, or death resulting from such use. State law requires that "All persons making any field trips or excursion (either as a driver or rider in a private vehicle) shall be deemed to have waived all claims against the school district, employees, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion or for the use of private transportation driven by students, parents or other designated drivers."

DISTRICT SUPPORT FOR THE INTERSCHOLASTIC ATHLETICS PROGRAM
(continued)

* _____ The number of passengers is appropriate for which the vehicle is designed. Student drivers are not allowed to transport more than three other students in any one vehicle. The number of occupants in a sedan vehicle, station wagon, or van, including the adult driver, may not exceed eight. In all cases, each passenger is required to use a seat belt. Passengers are forbidden to ride in the cargo area of pickups or motor trucks whether or not camper shells or other protective covering enclose these areas.

* _____ Caravan-style travel will be utilized if more than one vehicle is used for the trip.

DESIGNATED DRIVER APPROVAL

* Signature of designated student driver: _____ Date: _____

Signature of parent/guardian as a driver or approval for son/daughter to be designated as a driver:

* _____ Date _____

STUDENT RIDER APPROVAL

* Signature of student rider: _____ Date: _____

Signature of parent/guardian for son/daughter to ride in a private vehicle driven by another student, parent, or other designated driver:

* _____ Date: _____

Returned signed form to Coach.

**Motor homes may not be used to transport students.*