

MILLARD PUBLIC SCHOOLS
ATHLETIC PRE-PARTICIPATION CLEARANCE FORM 2020-2021

NOTE: A valid physical must be given after May 1, 2020

Please note that submission of this form (or another clearance form signed by the medical professional who performed the physical) to the school is required in order to be eligible for all the athletic activities offered by the school as well as dance/cheer.
THIS SECTION TO BE COMPLETED BY THE PARENT OF THE STUDENT:

Student Name		Date of Birth	Age	Grade
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Place a check by all of the sports/activity in which athlete will participate:		
Baseball	Basketball*	Cross Country	Cross Country Club*	Dance/Cheer
Tennis	Track*	Volleyball*	Wrestling*	Unified Sports*
				(*- offered at the middle schools as well)
Father's/Guardian's Name			Home Phone	
Work Phone		Cell Phone		
Mother's/Guardian's Name			Home Phone	
Work Phone		Cell Phone		

Emergency Contact Person (if parents/guardians cannot be reached)	Home Phone
Work Phone	Cell Phone

THIS SECTION TO BE COMPLETED BY THE MEDICAL PROFESSIONAL PERFORMING THE PHYSICAL:

<input type="checkbox"/> - Date of Physical- Month Day Year	<input type="checkbox"/> - Cleared without restriction OR <input type="checkbox"/> - Not cleared for any sports
<input type="checkbox"/> Cleared, with recommendations for further evaluation or treatment for:	
<input type="checkbox"/> Not cleared for certain sports (which sports and reason):	
<u>EMERGENCY INFORMATION:</u> Allergies:	
Other Information:	
<input type="checkbox"/> - Immunizations Up to Date <input type="checkbox"/> - Immunizations Not Up to Date (please specify): <small>(tetanus/diphtheria; measles; rubella; hepatitis A and B; poliomyelitis; pneumococcal; meningococcal; varicella)</small>	
I have examined the above-named student and completed the pre-participation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parent(s)/guardian(s). If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete and his/her parent(s)/guardian(s).	
Attending Physician (print):	Office Phone:
Office Address:	
Physician's Signature: _____	Date Signed:

NSAA Parent Permission and Acknowledgement Form

The undersigned(s) are the Student and the parent(s), guardian(s), or person(s) in charge of the above named Student and are collectively referred to as "Parent".

The Parent and Student hereby:

- (1) Understand and agree that participation in NSAA sponsored activities is voluntary on the part of the Student and is a privilege;
- (2) Understand and agree that (a) by this Consent Form the NSAA has provided to the Parent and Student of the existence of potential dangers associated with athletic participation; (b) participation in any athletic activity may involve injury of some type; (c) the severity of such injury can range from minor cuts, bruises, sprains, and muscle strains to more serious injuries to the body's bones, joints, ligaments, tendons, or muscles, to catastrophic injuries to the head, neck and spinal cord, and on rare occasions, injuries so severe as to result in total disability, paralysis and death; and, (d) even the best coaching, the use of the best protective equipment and strict observance of rules, injuries are still a possibility;
- (3) Consent and agree to participation of the Student in NSAA activities subject to all NSAA by-laws and rules interpretations for participation in NSAA sponsored activities, and the activities rules of the NSAA member school for which the Student is participating; and,
- (4) Consent and agree to (a) the disclosure by the Member School at which the Student is enrolled to the NSAA, and subsequent disclosure by the NSAA, of information regarding the Student, including the student's name, address, telephone listing, electronic mail address, photograph, date of and place of birth, major fields of study, dates of attendance, grade level, enrollment status (e.g., full-time or part-time), participation in officially recognized activities and sports, weight and height of as a member of athletic teams, degrees, honors and awards received, statistics regarding performance, records or documentation related to eligibility for NSAA sponsored activities, medical records, and any other information related to the Student's participation in NSAA sponsored activities; and, (b) the Student being photographed, video recorded, audio taped, or recorded by any other means while participating in NSAA activities and contests, consent to and waive any privacy rights with regard to the display of such recordings, and waive any claims of ownership or other rights with regard to such photographs or recordings or to the broadcast, sale or display of such photographs or recordings.
- (5) Consent and agree to authorize licensed sports injury personnel to evaluate and treat any injury or illness that occurs during the student's participation in NSAA activities. This includes all reasonable and necessary preventive care, treatment and rehabilitation for these injuries. This would also include transportation of the student to a medical facility if necessary. Such licensed sports injury personnel are independent providers and are not employed by the NSAA.
- (6) Acknowledge that Parents are obligated to pay for professional medical and/or related services; the NSAA shall not be liable for payment of such services. We give permission to any and all of the Student's health care providers and the NSAA and its employees, staff, agents, and consultants to release and discuss all records and information about the Student including otherwise confidential medical information and records. We understand that this release has been requested and may be used for the purpose of determining eligibility pertaining to activities participation, fitness, injury, injury status, or emergency.

I acknowledge that I have read paragraphs (1) through (6) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletic activities.

Student's Name: _____ Student's Signature: _____

Parent/Guardian Signature _____ Date _____ Revised 1.2020

Insurance Verification

Millard School Board Policy and rule 5600.3 requires all students who participate in extracurricular programs to be covered by medical insurance.

In order for your son/daughter to be eligible to participate, he/she must have proof of insurance. Please indicate the name of the insurance company and policy number for medical coverage for your son/daughter. I/WE understand that the school and District carries no insurance of any kind to cover medical expenses that may occur from participation in athletics/activities and that the school and District themselves will not be responsible for any such expenses.

I/WE agree that we have adequate insurance to cover our son/daughter for any medical expenses incurred while participating in extracurricular athletics/activities. Students who do not have family insurance may be eligible to apply for health insurance coverage. Kid's Connection, Nebraska Children's Health Insurance Program, is an insurance program made available through the Nebraska Health and Human Services System. Kid's Connection is a health insurance program developed by the State of Nebraska as an extension of Medicaid and provides health coverage to uninsured children across the state of Nebraska. Applications can be obtained by calling the Student Services Office (715-8300) at the Don Stroh Administration Center, or from your school office.

Name of Insurance Company: _____ Insurance Policy Number: _____