



Autorización para atletismo por internet

1. Visite la página www.AthleticClearance.com
2. Vea el video rápido de enseñanza.
3. **Regístrese.** Los padres deben de registrarse con una dirección de correo y clave válidos. El sistema le pedirá que escriba un código con el fin de verificar que es una ser humano el que lo está haciendo. Si no se realiza este paso su cuenta no sera activada.
4. Inicie la sesión.
5. Haga click en “New Clearance” para empezar el proceso.
6. Escoja el año escolar en el que el estudiante va a participar. *Por ejemplo: Football en setiembre del 2018 corresponde al año escolar 2018-2019.*

Escoja la escuela en la que el estudiante está actualmente y por la que competirá.

Escoja el deporte.
7. Llene todas las casillas con la información del estudiante, historia educativa, historia médica y las formas con las firmas.
8. **Haga una donación** a su programa de atletismo o pague la cuota de participación (escuelas privadas únicamente).
9. Una vez que obtengan el **Mensaje de Confirmación** significa que el proceso ha terminado.
10. Si quiere registrarse en deportes/actividades adicionales deberá de marcarlos debajo del **Mensaje de Confirmación**. Firmas electrónicas podrán ser requeridas para los deportados/actividades adicionales.
11. Toda esta información sera archivada electrónicamente en el departamento de atletismo de su escuela para ser **revisada**. Cuando el estudiante esté listo para participar sera notificado por internet.

Preguntas frecuentes acerca de la autorización para atletismo por internet

Varios Deportes

Una vez que haya completado la autorización para un deporte y llegue al Mensaje de Confirmación, tendrá la opción de marcar los deportes /actividades adicionales en la que quiera participar en el año escolar que esta transcurriendo.

Si usted decide participar en algún deporte/actividad adicional posteriormente, puede acceder a la casilla para marcar varios deportes haciendo click en el “Mensaje de Confirmación” de la Autorización Original para ése año específico.

Exámen Físico

La forma del exámen físico que usa su escuela puede ser “bajada” de la página web que figura en el paso # 1 o de la información del estudiante que se encuentra en la parte baja de la página. La mayoría de las escuelas aceptarán la forma “bajada” del internet (se hace “subiendo” la forma completa de la página web que figura en el paso # 1), así como también entregando una copia en papel al departamento de atletismo



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HIGH SCHOOL ATHLETIC PARTICIPATION SCREENING FORM

Name: _____ Grade: _____ M/F
 (PRINT LEGIBLY) Last Name First Name Middle or Nickname (In Fall)
 Birthdate: _____ ID: _____ Fall Sport _____ Winter Sport _____
 Spring Sport _____

HEALTH HISTORY TO BE COMPLETED BY PARENT OR GUARDIAN

Has your child:

↓ If you answer "YES" to any questions, please explain below ↓

- | | | | |
|-----|---|-----|----|
| 1. | Had a medical illness or injury that has disqualified him/her from athletic participation? | YES | NO |
| 2. | Ever been hospitalized or undergone any surgical operations(s)? | YES | NO |
| 3. | Had an ongoing chronic or serious illness (such as diabetes, kidney problems, seizures or asthma)? | YES | NO |
| 4. | Ever taken any supplements or vitamins to help gain/lose weight or improve athletic performance? | YES | NO |
| 5. | Ever passed out during/after exercise or become ill from exercising? | YES | NO |
| 6. | Ever tired earlier than expected during exercise or complained of extreme fatigue? | YES | NO |
| 7. | Ever had chest pain or unusual/irregular heartbeats during or after exercise? | YES | NO |
| 8. | Had any history of heart problems, heart murmur, high blood pressure or high cholesterol? | YES | NO |
| 9. | Had any family member or relative die before the age of 50 or die of heart-related problems? | YES | NO |
| 10. | Had any family history of specific heart issues? If "YES," check all that apply:
<input type="checkbox"/> Hypertrophic Cardiomyopathy <input type="checkbox"/> Arrhythmia <input type="checkbox"/> Marfan's Syndrome <input type="checkbox"/> Long QT Syndrome | YES | NO |
| 11. | Had any history of concussion, head injury, loss of memory or being unconscious? | YES | NO |
| 12. | Had any history of seizures, convulsions or fainting episodes? | YES | NO |
| 13. | Had frequent or severe headaches? | YES | NO |
| 14. | Ever had a "stinger," "burner," or pinched nerve (numbness or tingling down an extremity)? | YES | NO |
| 15. | Had any problems with vision that require glasses, contacts, or protective eyewear? | YES | NO |
| 16. | Born without or missing a kidney, eye, testicle, or any other organ? | YES | NO |
| 17. | Had special protective or corrective equipment/devices that are not usually used for sports?
Examples: knee brace, neck roll, foot orthotics, retainer for teeth, hearing aids? | YES | NO |
| 18. | Been diagnosed with a contagious skin condition within the past month? | YES | NO |
| 19. | Ever broken/fractured any bones or dislocated any joints? | YES | NO |
| 20. | Had any recurring problems with pain or swelling in back, muscles, tendons, bones or joints? | YES | NO |
| 21. | Currently under the care of a physician for any medical, orthopedic or emotional concerns? | YES | NO |
| 22. | Had any history of asthma, allergies to foods, medicines, or stinging insects?
If "YES," what medications are used? Is Epi-Pen needed? _____ | YES | NO |
| 23. | Require any special health procedure(s) during the regular school day or during athletics? | YES | NO |
| 24. | Females Only: Have you had a menstrual period? Y__ /N__ ; Age at first menstrual period: _____ ; # of periods in last year: _____ | | |
| 25. | Currently taking any prescription or "over-the-counter" medications or using an inhaler or Epi-Pen? | YES | NO |

If "YES," list all medications:

Medication: _____	Dose: _____	Frequency: _____
Medication: _____	Dose: _____	Frequency: _____
Medication: _____	Dose: _____	Frequency: _____

↓ If you have answered "YES" to any of the above questions, please explain below ↓

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct and I give my permission for a physical exam to be completed.

Date: _____ Signature of Parent/Guardian: _____

Signature of Student: _____

PHYSICAL SCREENING BELOW TO BE COMPLETED BY HEALTHCARE PROVIDER

THIS IS NOT A COMPLETE PHYSICAL EXAMINATION

	Normal		Normal
General:		Musculoskeletal:	
Appearance		Neck and shoulders	
Eyes, ears, nose, throat		Spine	
Cardiovascular		Arms/hands	
Pulses		Hips/thighs	
Chest and lungs		Knees	
Abdomen		Ankles/feet	
Skin			
Genitourinary (if indicated):			

Visual acuity (Distance): Right: _____ / _____ Left: _____ / _____ <input type="checkbox"/> Corrected <input type="checkbox"/> Uncorrected
Height: _____
Weight: _____
Blood pressure: _____
Pulse: _____
DATE OF EXAM: _____

Recommendation: Full activity-No restrictions Activity with restrictions No contact sports No participation Other

Comments: _____

Examining Healthcare Provider: _____

Signature: _____ Date: _____

Phone: _____ Fax: _____

Healthcare Provider Office Stamp