

Antelope Valley HS 661-948-8552	Eastside HS 661-946-3800	Highland HS 661-538-0304	Knight HS 661-533-9000	Lancaster HS 661-726-7649	Littlerock HS 661-944-5209	Palmdale HS 661-273-3181	Quartz Hill HS 661-718-3100
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****Please do NOT fill out this side of the form and refer to this side for INFORMATION ONLY****

STUDENT INFORMATION							
Last Name	First Name	Initial	Grade	Date of Birth	Sex		
STUDENT SECTION							
Student must fill out every box in this section on the other side of this form.							
Address							
Sport(s):							
With whom are you participating?							
School Attended							
Are you a transfer student? (Circle One): Yes No				Total Semesters of High School Attendance:			

PREPARTICIPATION PHYSICAL EVALUATION

****DOCTOR'S SECTION****

The physical exam is considered current for one year from the date of the exam and can be used for multiple sports.

If you have a physical exam on file please list the sport in the Physician Signature & Date section.

****Kaiser will NOT fill out this form, they will provide a printout. Please attach the printout to this form.**

The physical exam form MUST be signed and dated by your physician and have the clinic's stamp.

P ___/___ (___/___ ___/___)

Area	Normal	Abnormal
Orthopedic		
Posture		
Reflexes		
Muscular		

Physician Signature: _____ Date: _____

PARENT AUTHORIZATION

I understand that the Antelope Valley Union High School District does NOT carry athletic injury insurance for athletes and is NOT responsible or liable for any injuries sustained by a student participating in any sport. I understand that the student is insured by a licensed physician and I understand that the student is participating in the sport of _____.

****PARENT SECTION****

Parents, please make sure to read this section before signing.

*****Students participating in Football MUST provide health insurance info. Please contact the Athletics Office if you do not have insurance. Tackle Football Insurance may be purchased for \$60.**

1) INSURANCE

My son/daughter

My son/daughter

Name of _____

*FOOTBALL

Coverage _____

2) ATHLETIC PARTICIPATION, TRIP CONSENT, AND EMERGENCY CARE AUTHORIZATION:

I hereby give my consent for the above named person to compete in the above named sport and to go with a representative of the school on any athletic trip related to the above sport. In case my son/daughter (or ward) is injured you are authorized to have him/her treated.

3) My student and I have completed the online clearance process through www.athleticclearance.com and I verify that the digital signatures entered on the site are from myself and my student.

****Please do NOT fill out this side of the form and refer to this side for INFORMATION ONLY****

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**Antelope Valley Union High School District
Physician Certification / Parent Authorization / Insurance Requirement Form**

STUDENT INFORMATION						
Last Name	First Name	Initial	Grade	Date of Birth	Sex	
Address			Phone Number			
Sport(s):			Student ID #:			
With whom are you living? (Circle One): Parents Legal Guardians Relative(s) Other:						
School Attended Last Semester:			City:		State:	
Are you a transfer student? (Circle One): Yes No			Total Semesters of High School Attendance:			

PREPARTICIPATION PHYSICAL EVALUATION

Height _____ Weight _____ % Body Fat (optional) _____ Pulse _____ BP ____ / ____ (____ / ____, ____ / ____)
 Vision R 20/ _____ L20/ _____ Corrected: Y N Pupils: Equal _____ Unequal _____

Area	Normal	Abnormal	Area	Normal	Abnormal	Area	Normal	Abnormal
Ears/Nose/Throat			Heart			Orthopedic		
Thyroid			Lungs			Posture		
Lymph Glands			Abdomen			Reflexes		
Skin			Hernia			Muscular		

Abnormal History/Findings: _____
 Allergies: _____ Regular Medications: _____
 Comments: _____
 CLEARED FOR ATHLETICS
 NOT CLEARED – REASON: _____

Name & Address of Physician/Medical Professional: _____

Physician Signature: _____ Date: _____

PARENT AUTHORIZATION

I understand that the Antelope Valley Union High School District does NOT carry athletic injury insurance for athletes and is NOT responsible or liable for athletic injuries. In order to participate in the above named sport, all participants must be examined by a licensed physician and insured against athletic injuries.

Parent must sign and date

- INSURANCE: Check the following statements which apply.**
 - My son/daughter (or ward) has student insurance. What sport? _____
 - My son/daughter (or ward) is covered for the above named sport under our FAMILY health/medical plan.
 Name of Company: _____ Policy #: _____
 - *FOOTBALL ONLY** My insurance policy covers tackle football. I understand that I can purchase SISC Tackle Football Coverage if my student is not already covered. **PARENT INITIAL:** _____

2) **ATHLETIC PARTICIPATION, TRIP CONSENT, AND EMERGENCY CARE AUTHORIZATION:**
 I hereby give my consent for the above named person to compete in the above named sport and to go with a representative of the school on any athletic trip related to the above sport. In case my son/daughter (or ward) is injured you are authorized to have him/her treated.

3) **My student and I have completed the online clearance process through www.athleticclearance.com and I verify that the digital signatures entered on the site are from myself and my student.**

Date: _____ Name: _____ Parent Signature: _____

This form must be on file with the school of attendance for verification of eligibility prior to participation in any athletic event.