Saddleback High School

Athletics Clearance Directions

Students may begin the Clearance Process for the 2026-27 School Year after April 1, 2026.

Online Clearance Directions:

1. Go to https://www.homecampus.com/login.
2. Those who are new to the system will need to create a new Log-in.
3. Sign-ion and hit "New Clearance".

    a. Select Year: **2026-27**
    b. Select School: **Saddleback HS**
    c. Sport: **Select ALL sports that the student may participate in.**
    d. Complete the mandatory Medical History Fields.
    e. Complete the Parent/Guardian Information Fields.
    f. Complete the required Signature Forms (Student & Parent signature required).
    g. Upload your complete physical exam with date, doctor's signature and stamp, and parent signature to your athletic-clearance account.
    h. Once all steps have been completed, you will receive a confirmation email. We will review all submissions and email you if there are any issues.

*Students are not officially cleared until all steps have been completed, and you receive a confirmation email stating that you are cleared.

** Some doctors complete the physical on their own form. We will accept their form, but you must also submit our form with Parent Signature and date on the bottom.

***An online tutorial is available on the Athletics Clearance website.

Thank you.

Saddleback High School

Instrucciones para la Autorización Atlética

Los estudiantes pueden comenzar el proceso de autorización para el año escolar 2026-27 a partir del 1 de abril de 2026.

Instrucciones para la Autorización en Línea:

1. Ve a https://www.homecampus.com/login.

2. Quienes sean nuevos en el sistema deberán crear un nuevo inicio de sesión.

3. Inicia sesión y haz clic en “New Clearance” (Nueva Autorización).
   a. Selecciona el Año Escolar: 2026-27
   b. Selecciona la Escuela: Saddleback HS
   c. Deporte: Selecciona TODOS los deportes en los que el estudiante podría participar.
   d. Completa los campos obligatorios del Historial Médico.
   e. Completa los campos de Información del Padre/Tutor.
   f. Completa los formularios requeridos de Firma (se requiere la firma del estudiante y del padre/tutor).
   g. Sube tu exámen físico completo con la fecha, la firma y el sello del doctor, y la firma del padre/tutor a tu cuenta de autorización atlética.
   h. Una vez que se hayan completado todos los pasos, recibirás un correo electrónico de confirmación. Revisaremos todas las presentaciones y te enviaremos un correo electrónico si hay algún problema.

*** Los estudiantes no están oficialmente autorizados hasta que se completen todos los pasos y reciban un correo electrónico de confirmación indicando que están autorizados.**

**** Algunos doctores completan el examen físico en su propio formulario. Aceptaremos su formulario, pero también debes enviar nuestro formulario con la firma del padre/tutor y la fecha en la parte inferior.**

***** Hay un tutorial en línea disponible en el sitio web de Autorización Atlética.**

Gracias

Saddleback High School

ATHLETICS MEDICAL SCREENING FORM

Last Name:_____ First: _____ DOB:_____ Gender (circle one) Male / Female

Student ID #_____ Grade:_____ Sport(s): _____

HEALTH HISTORY : TO BE COMPLETED BY STUDENT-ATHLETE AND PARENT PRIOR TO MEDICAL SCREENING EVALUATION.

Head injury, concussion, loss of memory, unconsciousness, persistent headaches	❒ Yes	❒ No
Bone/joint disorders (broken bones, dislocations, swelling, disease, surgery, arthritis)	❒ Yes	❒ No
Anemia, leukemia, bleeding disorders	❒ Yes	❒ No
Kidney/bladder problems	❒ Yes	❒ No
Eye problems	❒ Yes	❒ No
Ulcers, stomach trouble	❒ Yes	❒ No
Heart trouble, heart murmur, high blood pressure, rheumatic fever	❒ Yes	❒ No
Asthma, tuberculosis, bronchitis	❒ Yes	❒ No
Ulcers, stomach trouble	❒ Yes	❒ No
Allergies (Foods, medicines, insects, etc.)	❒ Yes	❒ No
Seizures, dizzy spells, fainting or convulsions	❒ Yes	❒ No
Diabetes, hepatitis, jaundice	❒ Yes	❒ No
Hernia	❒ Yes	❒ No
Taking medication regularly (If yes, please list medication, dose, and frequency below)	❒ Yes	❒ No
COVID-19 (If yes please complete second page)	❒ Yes	❒ No
If yes, please provide details:		

MEDICAL SCREENING EVALUATION: MUST BE COMPLETED BY YOUR PHYSICIAN AND DATED AFTER MAY 1ST OF THE CURRENT SCHOOL YEAR.

❒ CLEARED FOR FULL PARTICIPATION	❒ NOT CLEARED FOR PARTICIPATION: SPECIALIST CLEARANCE/FOLLOW UP REQUIRED
MD RECOMMENDATIONS OR RESTRICTIONS:	

BP	HR	HT	WT	EYE CHART: R L	GLASSES/CONTACTS	BRACES/TEETH
HEENT	HEART	LUNGS	ABDOMEN	HERNIA	BACK	EXTREMITIES

MD PHONE NUMBER ( )	MD PRINT NAME	MD STAMP
DATE	MD SIGNATURE	

PARENT CONSENT, ACKNOWLEDGEMENT, AND SIGNATURE

CONSENT: By signing below, I hereby give my permission for a screening evaluation.

ACKNOWLEDGEMENT: I hereby give my consent for [above named student], 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_____ Date _____