



Turlock Unified School District

Learning Today...Leading Tomorrow

Athletic Insurance Protection Verification Form

Dear Parent/Guardian and Athlete,

Our first concern is the physical and emotional health of your son/daughter as a participant in competitive sports. Please complete all parts of this form and return it to your school's Athletic Director. In all cases, final approval for participating in competitive sports will be made by your school's coaching staff and administrative team.

PLEASE READ CAREFULLY & PROVIDE THE REQUESTED INFORMATION:

_____ Last Name	_____ First Name	_____ Phone #	_____ Grade	_____ Date of Birth	_____ Age
--------------------	---------------------	------------------	----------------	------------------------	--------------

_____ Parent Name(s)	_____ Address	_____ City	_____ State	_____ Zip Code
-------------------------	------------------	---------------	----------------	-------------------

Father's Employer _____ Phone # _____

Mother's Employer _____ Phone # _____

INSURANCE COMPANY NAME _____ POLICY # _____

We have health/accident insurance for our son/daughter which meets the requirements and elect to not purchase student insurance. _____

Parent Signature

Date

OR

I have submitted my form and money directly to Myers-Stevens for accidental insurance as indicated below in order to meet California Education Code Section 32221 requirements.

Parent Signature

Date

- ☐ Tackle Football ONLY
- ☐ School Time Insurance (all activities except Football)
- ☐ Full-Time Insurance (all activities except Football)

**MARVIN DUTCHER MIDDLE SCHOOL
2025-2026 - SPORTS PHYSICAL FORM**

PARENTS - PLEASE COMPLETE THIS SECTION PRIOR TO YOUR APPOINTMENT:

Student Name: _____ Family M.D. _____ Grade: _____

Address: _____ City: _____ Age: _____ Birthdate: _____

Sports to be played: 1. _____ 2. _____ 3. _____

(FALL - Girls' Volleyball & Co-ed Soccer; WINTER - Girls' and Boys' Basketball & Co-ed Wrestling; SPRING - Girl's Softball & Co-ed Track)

<u>HEALTH HISTORY:</u>	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>
1. Head or back injury	___	___	10. Heart problems	___
2. Knee or leg injury	___	___	11. Lung problems	___
3. Fainting spells	___	___	12. Liver problems	___
4. Unconsciousness	___	___	13. Bleeding ulcer	___
5. Seizures	___	___	14. Kidney problems	___
6. Braces on teeth	___	___	15. Glasses/Contacts	___
7. Cavities	___	___	16. Diabetes	___
8. Crowns/Bridges	___	___	17. _____	___
9. High blood pressure	___	___		

Explain any "Yes" above:

THIS SECTION TO BE COMPLETED BY PHYSICIAN:

<u>EXAMINATION:</u>	Abn	OK	<u>TESTS:</u>
1. Pupils	___	___	
2. Teeth	___	___	1. Blood Pressure: BP _____ mm Hg
3. Heart	___	___	2. Weight: _____
4. Lungs	___	___	3. Height: _____
5. Back	___	___	4. Pulse: _____
6. Abdomen	___	___	
7. Hernia	___	___	
8. Reflexes	___	___	

REPORT:

THIS STUDENT IS PHYSICALLY FIT TO ENGAGE IN SPORTS
May play sports, but are restricted as follows: _____
Needs further examination by the family M.D. for: _____
Restricted for all sports at this time because: _____

Date: _____ Physician's signature: _____