

Update Clearance Form

ATHLETIC CANDIDATE'S PRE-SEASON MEDICAL HISTORY

TO BE COMPLETED BY PARENT OR GUARDIAN

Name of athlete: _____

Address: _____

City, State, Zip _____

Birth date: _____ Telephone: _____

Name of parent/guardian: _____

Has there been an illness, surgery or injury in the past 2 months?
 Yes ____ Describe _____ No ____

Has this student ever had:
 A concussion, skull fracture, neck injury or stinger/burner?
 Yes ____ Date _____ No ____

Epilepsy or other seizure disorder ?
 Yes ____ Medication _____ No ____

Any chest, heart or lung conditions ?
 Yes ____ Describe _____ No ____

A hernia (rupture), an undescended or loss of one testicle ?
 Yes ____ Surgical correction date _____ No ____

To wear glasses or contact lenses ?
 Yes ____ Reading only ? _____ Fulltime ? _____ No ____

Any other difficulty with vision or loss of an eye ?
 Yes ____ Describe _____ No ____

Any other medical problem or surgical operation (other than tonsillectomy)?
 Yes ____ Describe _____ No ____

Date student had the following immunizations:
 Tetanus-Toxoid Booster _____ Date _____
 Hepatitis B _____ Date _____

			Lost or gained a significant amount of weight in the last year?
			Been on a special diet?
			Have anything they want to discuss with the physician?
			Use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?
			Received treatment or counseling for anger management or violent behavior?
Explain any YES answers here _____			

FEMALES ONLY	
When was your first menstrual period?	_____
When was your most recent menstrual period?	_____
How much time do you usually have from the start of one period to the start of another?	_____
How many periods have you had in the last year?	_____
What was the longest time between periods in the last year?	_____

Do you know of any reason why this student should not participate in all sports?
 Yes _____ No _____

Parent/Guardian Signature(s) _____ Date _____

Yes	No	Don't know	HAS / IS THE ATHLETE:
			Has anyone in the athlete's family died suddenly before the age of 50 years?
			Ever passed out during exercise or stopped exercising because of dizziness or chest pain?
			Had asthma (wheezing), hay fever, or coughing spells during or after exercise?
			Ever broken a bone, had to wear a cast or had an injury to any joint?
			Ever had frequent or severe headaches?
			Ever had numbness or tingling in the arms, hands, legs or feet?
			Ever suffered a heat-related illness (heat stroke)?
			Had a chronic illness or seen a physician regularly for any particular problem?
			Currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler?
			Ever taken any supplements or vitamins to help them gain or lose weight or improve their performance?
			Been allergic to any medications or bee stings? Describe _____
			Only one of any paired organ (eyes, ears, kidneys, testicles, ovaries, etc.)?
			Ever had prior limitation from sports participation?
			Had any episodes of shortness of breath, palpitations, history of rheumatic fever or unusual fatigability?
			Ever been diagnosed with a heart murmur or heart condition or hypertension?
			Is there a history of young people in the athlete's family who have had congenital or other heart disease: cardiomyopathy, abnormal heart rhythms, long QT or Marfan's syndrome? (You may write "I don't understand these terms" and initial this item, if appropriate.)
			Ever been hospitalized overnight or had surgery?
			Lost weight regularly to meet the requirements for their sport?
			Want to weigh more or less than they do now?

INTENDED ATHLETIC PARTICIPATION				
Name: _____				
Year in School: (circle) FR SO JR SR				
Intended Athletic Participation: Circle all that apply				
Fall	Winter	Spring		
Cross Country	Basketball	Baseball		
Dance	Dance	Golf		
Football	Swimming	Softball		
Soccer	Wrestling	Tennis		
Volleyball		Track		

**See back of this form for
Statement of Risks**

Update Clearance Form

STATEMENT OF RISKS:

Any sport which may result in great exertion or contact with fixed or moving surfaces will contain inherent risks of serious bodily harm which cannot be eliminated. The possibility of injuries from these dangers must be accepted by the player and the player's family.

The possibility of injury can be reduced, but not eliminated, by knowing and using proper techniques and fundamentals, maintaining good physical conditioning, being alert at all times and attending all training and practice sessions.

As a condition of permission to participate, player assures he/she will use proper techniques and fundamentals, maintain good physical conditioning, stay alert at all times, attend all training and practice sessions, follow instructions, obey the rules of the game, and get regular medical evaluation.

No student will be allowed to participate in practice or games until this form is signed and dated by both the student and parent/guardian.

ACKNOWLEDGEMENT OF WARNING BY PARENTS

We/I the parent(s) of

do hereby acknowledge that we/I understand the above "STATEMENT OF RISKS". If we/I want more information, we/I will personally contact the coach. We/I realize that our/my child named above may suffer serious injury, including but not limited to, sprains, fractures, brain damage, paralysis or even death by participating in the listed sport(s) and should we/I choose to allow our/my child to participate in the sport(s) during the current school year.

Notwithstanding such warnings and with full knowledge and understanding of the risk of serious injury which may result to our/my child, named above, we/I give our/my consent to his/her participating in the below sport(s).

Parent/Guardian Signature(s)

Date

ACKNOWLEDGEMENT OF WARNING BY STUDENT

I, _____, hereby acknowledge that I understand the above "STATEMENT OF RISKS". If I want more information, I will personally contact the coach. I realize that by participating in the sport(s) during the current school year, I am exposing myself to the risk of serious injury, including but not limited to, the risk of sprains, fractures and ligament and/or cartilage damage which could result in temporary or permanent, partial, or complete impairment in the use of my limbs, brain damage, paralysis or even death. Having been so cautioned and warned, it is still my desire to participate in the listed sport(s) and should I choose to participate in the listed sport(s), I hereby further acknowledge that I do so with full knowledge and understanding of the risk of serious injury to which I am exposing myself by participating in the listed sport(s).

Signature of Student

Date