Piedmont Unified School District

Piedmont High School

Department of Athletics

MEDICAL CLEARANCE & EMERGENCY CONTACT FORM

This completed form MUST be on file with the Athletic Department *BEFORE the student may try out or participate in* after-school athletics. One physical examination per calendar year is required of all students participating in after-school athletics and the exam must be current throughout the entire season of sport(s).

Student's Name: _____ Grade:_____ School Year:_____

List all *high school sports* in which the above student plans to participate for the school year:

Fall:_____ Winter:_____ Spring:_____

MEDICAL CLEARANCE (section to be completed by physician)

Date of Examination:_____ Age _____ Date of Birth _____

1. List any significant illnesses that your patient has had/or has:_____
2. Does this student take any medicines on a regular basis? YES NO (circle one)

If "Yes," please list why: _____

3. Physical examination normal except for the following: _____
4. Patient's blood pressure: _____ Resting heart rate: _____
5. Date of last tetanus shot (within past 10 years.) _____ Allergies?_____
6. In your opinion, can this student participate in competitive sports? YES NO (circle one)

Any Exceptions? _____

Physician's Name: _____ Date:_____

Address: _____

Phone Number: _____ Signature:_____

EMERGENCY CONTACTS (section to be completed by parent/guardian)

Parent 1/Guardian 1 (Print)_____ Cell Phone:_____

Parent 2/Guardian 2 (Print)_____ Cell Phone:_____

I give my permission for licensed medical personnel to treat this student in case of emergency.

_____ _____

Parent / Guardian Signature (only one signature required) **Date**