Antelope Valley HS	Eastside HS	Highland HS	Knight HS	Lancaster HS	Littlerock HS	Palmdale HS	Quartz Hill HS	
661-948-8552	661-946-3800	661-538-0304	661-533-9000	661-726-7649	661-944-5209	661-273-3181	661-718-3100	

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

	STUDE	NT INFORMAT	ION									
Sport(s): With whom are you living? (Circle One): Parents	Last Name			Firs	First Name			Grade	rade Date of Birth			Sex
With whom are you living? (Circle One): Parents Legal Guardians Relative(s) Other:	Address						Phone Number					
School Attended Last Semester: City: State:	Sport(s):						Student ID #:					
PARENT AUTHORIZATION 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. 1) INSURANCE: Check the following statements which apply. 1) INSURANCE: Check the following statements which apply. 1) INSURANCE: Object of the above named sport under our FAMILY health/medical plan. Name of Company: 1) Policy #: 1) POOTBALL ONLY. My insurance policy covers to the above named sport under our FAMILY health/medical plan. Name of Company: 2) Policy #: 2) POOTBALL ONLY. My insurance policy covers to take boove named sport under our FAMILY health/medical plan. Name of Company: 3) Policy #: 4) POOTBALL ONLY. My insurance policy covers tackle football: 1 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: 1 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: Signature: PREPARTICIPATION PHYSICAL EVALUATION FOR OFFICE USE ONLY) Height Weight Weight Weight Weight Weight Posture Posture Unequal Unequal Lungs Posture Posture Unequal Lungs Regular Medications: CCHEARED FOR ATHLETICS NOT CLEARED - REASON: Name & Address of Physician/Medical Professional: Name & Address of Physician/Medical Professional:	• • • •					Relative(s) Other:						
DARRINT AUTHORIZATION	School	Attended Last	Semester:		City:							
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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 Area Orthopedic Ears/Nose/Throat Heart Orthopedic Thyroid Lungs Posture Lymph Glands Abdomen Reflexes Skin Hernia Muscular Abnormal History/Findings: Allergies: Regular Medications: COMMents: Regular Medications: CLEARED FOR ATHLETICS NOT CLEARED – REASON: Name & Address of Physician/Medical Professional:	Date:	e: Name:			Signature:							
Normal Abnormal History/Findings: Cleared For Athletics Not Cleared For Reasons Not Cleared For Reasons Not Cleared For Address of Physician/Medical Professional:						-						
Area Normal Abnormal Area Normal Abnormal Area Normal Abnormal Area Normal Abnormal Ears/Nose/Throat Heart Orthopedic Drivings Posture Lymph Glands Abdomen Reflexes Skin Hernia Muscular Muscular Abnormal History/Findings:										,/)		
Ears/Nose/Throat Heart Orthopedic Thyroid Lungs Posture Lymph Glands Abdomen Reflexes Skin Hernia Muscular Abnormal History/Findings: Allergies: Comments: Not Cleared For Athletics Not Cleared - Reason: Name & Address of Physician/Medical Professional:		20/ L20					1		_	NI 1		
Thyroid Lungs Posture Lymph Glands Abdomen Reflexes Skin Hernia Muscular Abnormal History/Findings: Allergies: Regular Medications: Comments: CLEARED FOR ATHLETICS NOT CLEARED – REASON: Regular Medications:	Area		Normai	Abnormai	Area	Normai	Abnorm	iai Are	:a 	Normai	Abr	iormai
Lymph Glands Abdomen Reflexes Skin Hernia Muscular Abnormal History/Findings: Allergies: Comments: Comments: Not Cleared For Athletics Not Cleared Professional:	Ears/No	se/Throat			Heart			Ort	hopedic		1	
Skin Hernia Muscular Abnormal History/Findings:	·				Lungs			Pos	ture			
Abnormal History/Findings:	, .			Abdomen								
Allergies: Regular Medications: Comments: CLEARED FOR ATHLETICS NOT CLEARED – REASON: Name & Address of Physician/Medical Professional:								Mu	scular			
Comments: CLEARED FOR ATHLETICS NOT CLEARED – REASON:												
CLEARED FOR ATHLETICS NOT CLEARED – REASON: Name & Address of Physician/Medical Professional:					Regulai	r Medicatio	ns:					
NOT CLEARED – REASON: Name & Address of Physician/Medical Professional:												
Name & Address of Physician/Medical Professional:												
	Name &	Address of Ph	ysician/Med	dical Professio	onal:							