

Antelope Valley HS 661-948-8552	Eastside HS 661-946-3800	Highland HS 661-538-0304	Knight HS 661-533-9000	Lancaster HS 661-726-7649	Littlerock HS 661-944-5209	Palmdale HS 661-273-3181	Quartz Hill HS 661-718-3100
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****Please do NOT fill out this side of the form and refer to this side for INFORMATION ONLY****

STUDENT INFORMATION						
Last Name	First Name	Initial	Grade	Date of Birth	Sex	
STUDENT SECTION Student must fill out every box in this section on the other side of this form.						
Address						
Sport(s):						
With whom are you attending?						
School Attendance						
Are you a transfer student? (Circle One): Yes No Total Semesters of High School Attendance:						

PREPARTICIPATION PHYSICAL EVALUATION

DOCTOR'S SECTION

The physical exam is considered current for one year from the date of the exam and can be used for multiple sports.

If you have a physical exam on file please list the sport in the Physician Signature & Date section.

****Kaiser will NOT fill out this form, they will provide a printout. Please attach the printout to this form.**

The physical exam form MUST be signed and dated by your physician and have the clinic's stamp.

P ____/____/____ (____/____/____)			
Area	Normal	Abnormal	
Orthopedic			
Posture			
Reflexes			
Muscular			

Physician Signature: _____ Date: _____

PARENT AUTHORIZATION

I understand that the Antelope Valley Union High School District does NOT carry athletic injury insurance for athletes and is NOT responsible or liable for any injuries sustained by a student while participating in any school-sponsored activity. I am aware that my son/daughter is participating in a sport that is considered high risk and I understand that the Antelope Valley Union High School District does NOT carry athletic injury insurance for athletes and is NOT responsible or liable for any injuries sustained by a student while participating in any school-sponsored activity.

1) INSURANCE

☐ My son/daughter has health insurance.

☐ My son/daughter does not have health insurance.

Name of Insurance Company: _____

☐ *FOOTBALL INSURANCE*

Coverage: _____

Parents, please make sure to read this section before signing.

*****Students participating in Football MUST provide health insurance info.**

Please contact the Athletics Office if you do not have insurance.

Tackle Football Insurance may be purchased for \$60.

2) ATHLETIC PARTICIPATION, TRIP CONSENT, AND EMERGENCY CARE AUTHORIZATION:

I 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.

****Please do NOT fill out this side of the form and refer to this side for INFORMATION ONLY****

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

STUDENT INFORMATION						
Last Name	First Name	Initial	Grade	Date of Birth	Sex	
Address				Phone Number		
Sport(s):				Student ID #:		
With whom are you living? (Circle One): Parents Legal Guardians Relative(s) Other:						
School Attended Last Semester:				City:		State:
Are you a transfer student? (Circle One): Yes No				Total Semesters of High School Attendance:		

PREPARTICIPATION PHYSICAL EVALUATION

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	Abnormal
Ears/Nose/Throat			Heart			Orthopedic		
Thyroid			Lungs			Posture		
Lymph Glands			Abdomen			Reflexes		
Skin			Hernia			Muscular		

Abnormal History/Findings: _____
Allergies: _____ Regular Medications: _____
Comments: _____
☐ CLEARED FOR ATHLETICS
☐ NOT CLEARED – REASON: _____

Name & Address of Physician/Medical Professional: _____

Physician Signature: _____ Date: _____

PARENT AUTHORIZATION

I 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.

Parent must sign and date

1) INSURANCE: Check the following statements which apply.

- ☐ **My son/daughter (or ward) has student insurance. What sport?** _____
- ☐ **My son/daughter (or ward) is covered for the above named sport under our FAMILY health/medical plan.**
Name of Company: _____ **Policy #:** _____
- ☐ ***FOOTBALL ONLY** **My insurance policy covers tackle football. I 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:

I 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: _____ Parent Signature: _____

This form must be on file with the school of attendance for verification of eligibility prior to participation in any athletic event.