

**MILLARD UNITED SPORTS
ATHLETIC PRE-PARTICIPATION CLEARANCE FORM 2017-2018**

NOTE: A valid physical must be completed after February 1, 2018 and before athlete may start practicing for the season. Please note that submission of this form (or another clearance form signed by the medical profession who performed the physical) to Millard United Sports is required in order to be eligible to participate.

THIS SECTION TO BE COMPLETED BY THE PARENT OF THE ATHLETE:

Athlete Name _____		Date of Birth _____	Age _____	Grade - _____
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Place a check by all of the sports/activity in which athlete will participate:		
<input type="checkbox"/> Baseball		<input type="checkbox"/> Cheerleading		<input type="checkbox"/> Football
		<input type="checkbox"/> Softball		
Father's/Guardian's Name			Home Phone	
Work Phone		Cell Phone		
Mother's/Guardian's Name			Home Phone	
Work Phone		Cell Phone		

Emergency Contact Person <small>(if parents/guardians cannot be reached)</small>		Home Phone
Work Phone	Cell Phone	

THIS SECTION TO BE COMPLETED BY THE MEDICAL PROFESSIONAL PERFORMING THE PHYSICAL:

<input type="checkbox"/> - Date of Physical- Month Day Year	<input type="checkbox"/> - Cleared without restriction OR <input type="checkbox"/> - Not cleared for any sports
<input type="checkbox"/> Cleared, with recommendations for further evaluation or treatment for:	
<input type="checkbox"/> Not cleared for certain sports (which sports and reason):	

EMERGENCY INFORMATION: Allergies:

Other Information:

- Immunizations Up to Date - Immunizations Not Up to Date (please specify):
(tetanus/diphtheria; measles; rubella; hepatitis A and B; poliomyelitis; pneumococcal; meningococcal; varicella)

I have examined the above-named student and completed the pre-participation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parent(s)/guardian(s). If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete and his/her parent(s)/guardian(s).

Attending Physician (print): _____ **Office Phone:** _____
Office Address: _____

Physician's Signature: _____ **Date Signed:** _____