

- FALL**  
Football  
Volleyball  
Girls Golf  
Girls Tennis  
Cross Country  
Boys Soccer

**Check  
Your Sport:**

- SPRING**  
Girls Soccer  
Boys Tennis  
Boys Golf  
Softball  
Baseball  
Track  
Swimming

- WINTER**  
Boys Basketball  
Girls Basketball  
Wrestling

# LATHROP ATHLETIC CLEARANCE

|                   |
|-------------------|
| Cleared by: _____ |
| Date: _____       |

Athlete's Name: \_\_\_\_\_  
 Parent's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Ph: \_\_\_\_\_ Age: \_\_\_\_\_ D/O/B: \_\_\_\_\_

| PHYSICIANS PHYSICAL EXAM   |            |                         |                             |
|--|------------|-------------------------|-----------------------------|
| Date: _____  | B/P: _____ | Sex: M or F             | Weight: _____ Height: _____ |
| I have examined this student and have found him / her: (check one) <input type="checkbox"/> Fit for Sports <input type="checkbox"/> In need of further evaluation: |            |                         |                             |
| Reason: _____  |            |                         |                             |
| Physician Signature _____  |            |                         |                             |
| Office Phone: _____  |            | Physicians Stamp: _____ |                             |

**This medical history and exam is only intended to determine ability to participate in sports and is not a substitute for regular exams by your physician.**

Have you ever had any of the following:

| YES | NO |   | YES | NO |   |
|-----|----|---|-----|----|---|
| Y   | N  | 1. Head Injury  | Y   | N  | 12. Anemia, leukemia or other blood disorder                            |
| Y   | N  | 2. Back or neck problems or curvature of the spine    | Y   | N  | 13. Diabetes  |
| Y   | N  | 3. Broken Bones, dislocations, or amputations         | Y   | N  | 14. Hernia, kidney problem, testicle problem                            |
| Y   | N  | 4. Polio or problems with foot, knee, or other joints | Y   | N  | 15. Enlarged spleen or liver  |
| Y   | N  | 5. Eye injury, eye surgery, eye disease               | Y   | N  | 16. Surgery other than tonsils  |
| Y   | N  | 6. Wear glasses, contacts, hearing aid or dentures    | Y   | N  | 17. Family history of sudden death                                      |
| Y   | N  | 7. Headaches-other than minor headaches               | Y   | N  | 18. Presently taking any medication (list below)                        |
| Y   | N  | 8. Drug addiction, mental illness, nervous disorder   | Y   | N  | 19. Allergic to medicine, foods, bee stings, etc.                       |
| Y   | N  | 9. Epilepsy, fits, fainting, or dizzy spells          | Y   | N  | 20. Do you have any ongoing medical problems                            |
| Y   | N  | 10. Lung trouble, shortness of breath, asthma         | Y   | N  | 21. Do you know of any reason why you should not participate in sports? |
| Y   | N  | 11. Heart trouble, rheumatic fever                    |     |    | Date of last tetanus immunization (recommended every 3 years)           |

## INSURANCE

California law (Education Code Sections 3220-21) requires every member of any interscholastic athletic team, as well as those associated directly with any interscholastic team, athletic event, including song and cheerleaders, team mascots, team managers, etc. to possess accidental bodily insurance providing at least \$1500 of scheduled medical and hospital benefits. Please specify on the form below the required insurance coverage that you have provided for your son/daughter.

\_\_\_\_\_  
 (Company Name) \_\_\_\_\_ (Group or Policy #)  
 I WILL PROMPTLY NOTIFY THE SCHOOL IN THE EVENT INSURANCE COVERAGE NO LONGER APPLIES TO MY SON/DAUGHTER.

## EMERGENCY INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Person to contact if parents cannot be reached

## INJURY WARNING AND PARENTAL PERMISSION TO PARTICIPATE IN ATHLETICS AND TO BE TREATED IN CASE OF INJURY

Participation in competitive athletics may result in severe injury, including paralysis or death. Changes in rules, improved conditioning programs, better medical coverage and improvements in equipment have reduced these risks BUT IT IS IMPOSSIBLE TO TOTALLY ELIMINATE SUCH OCCURENCES FROM ATHLETICS. Players can reduce the chance of injury by obeying all safety rules in their sport, reporting all physical problems/injuries to their coaches, following a proper conditioning program and inspecting their own equipment daily. DAMAGED EQUIPMENT MUST BE REPLACED IMMEDIATELY. In the case of injury the head coach of the involved sport is responsible to see that a complete and accurate accident report be filled out and filed with the athletic secretary. No athlete who has sustained a severe injury will be allowed to return to practice or competition without permission of the physician in charge.

The parents/guardians of the above athlete hereby acknowledge and understand that the Manteca Unified School District may not provide transportation to all school sponsored activities. I hereby give my consent for my son/daughter to compete in interscholastic athletics in the Manteca Unified School District and give permission for my child to ride as a passenger in a vehicle driven by another parent. It is fully understood that M.U.S.D. is in no way responsible, nor does the district assume liability for any injuries, property damage or wrongful death resulting from this non-district transportation of form participation in the activity itself. I understand that the Manteca Unified School District will not be held liable for medical services, hospital services of accident insurance. In case my son/daughter is injured, school district personnel are authorized to have him/her treated.

**NOTE: Students are not to engage in any practices or games until all parts of this form are completed/met and turned in to the administration front office.**

\_\_\_\_\_  
 (Mother/Father/Guardian Signature)

\_\_\_\_\_  
 (Student Signature)

\_\_\_\_\_  
 (Date)