



# PETALUMA CITY SCHOOLS

## High School Athletics Medical Clearance

### Emergency Contact and Medical Certification

\*\*It is the responsibility of the athlete/parent/guardian to notify the athletics secretary should this information change\*\*

Student Name \_\_\_\_\_ Sports: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_

In case of emergency, please contact:

- 1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- 2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- 3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any health concerns (ie. allergies, medications, pre-existing health conditions):

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**Insurance Certification:** This certifies that the above-named student is covered by personal accident insurance in case of injury while participating in interscholastic athletics during the coming school year. **ALL STUDENTS MUST HAVE MEDICAL INSURANCE.**

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_  
(mandatory)

### Medical Certification

Have your physician/nurse practitioner complete the following or attach their medical clearance form to this completed document.

\*\* One physical exam is required per school year (must be dated after June 10 of the current school year)\*\*

This certifies that the above-named student is physically able to participate in all interscholastic athletics during the coming school year - with exceptions (if any) listed below:

**Physician/Nurse Practitioner: List any exceptions**

\_\_\_\_\_

**Physician/Nurse Practitioner Name (please print)**

\_\_\_\_\_

Medical Office Stamp  
Or attach physical exam with date

X \_\_\_\_\_  
Physician/Nurse Practitioner Signature

\_\_\_\_\_  
Date