

**MILLARD PUBLIC SCHOOLS**  
**ATHLETIC PRE-PARTICIPATION CLEARANCE FORM 2016-2017**  
 NOTE: A valid physical must be given after May 1, 2016

**Please note that submission of this form (or another clearance form signed by the medical professional who performed the physical) to the school is required in order to be eligible for all the athletic activities offered by the school as well as dance/cheer.**  
**THIS SECTION TO BE COMPLETED BY THE PARENT OF THE STUDENT:**

<b>Student Name</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Date of Birth</b>	<b>Age</b>	<b>Grade</b>
		<b>Place a check by all of the sports/activity in which athlete will participate:</b> <input type="checkbox"/> Baseball, <input type="checkbox"/> Basketball*, <input type="checkbox"/> Cross Country, <input type="checkbox"/> Cross Country Club*, <input type="checkbox"/> Dance/Cheer, <input type="checkbox"/> Football*, <input type="checkbox"/> Golf, <input type="checkbox"/> Soccer, <input type="checkbox"/> Softball, <input type="checkbox"/> Swim/Diving, <input type="checkbox"/> Tennis, <input type="checkbox"/> Track*, <input type="checkbox"/> Volleyball*, <input type="checkbox"/> Wrestling* (*- offered at the middle schools as well)		
<b>Father's/Guardian's Name</b>			<b>Home Phone</b>	
<b>Work Phone</b>		<b>Cell Phone</b>		
<b>Mother's/Guardian's Name</b>			<b>Home Phone</b>	
<b>Work Phone</b>		<b>Cell Phone</b>		
<b>Emergency Contact Person</b> (if parents/guardians cannot be reached)			<b>Home Phone</b>	
<b>Work Phone</b>		<b>Cell Phone</b>		

**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:**