



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):

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 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: List any exceptions

Physician Name (please print)

Medical Office Stamp
Or attach physical exam with date

X _____
Physician Signature

Date