



Bellevue Public Schools Pre-participation Physical Evaluation

CLEARANCE FORM

Ins.S.4-5/21

Name _____ Sex _____ Age _____ Date of birth _____
Last First M.I.

Address _____
Street City State Zip Code

School: Bellevue East High Bellevue West High Lewis & Clark Middle Logan Fontenelle Middle Mission Middle

Physician's Section

Cleared for all sports without restrictions

Cleared for all sports with recommendations for further evaluation or treatment for:

Not cleared

Pending further evaluation For any sports

For certain sports: _____

Reason: _____

Recommendations: _____

EMERGENCY INFORMATION
Allergies _____

Other Information _____

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 participation 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 parents. 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 parents/guardians).

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

Physician's office official stamp verifying exam:

Emergency Information/Permission To Treat

Parent/Legal Guardian Name: _____ Home Phone: _____

Day Phone: Father _____ Mother _____

Cell Phone: Father _____ Mother _____

Emergency Contact other than Parent/Legal Guardian: Name _____ Phone _____

School policy requires that all students participating in interscholastic athletics must be insured. The above named athlete is insured against injuries that might be incurred during participation in interscholastic athletics and grants the coach/sponsor/trainer permission to have their child treated in case of injury.

Insurance Company _____ Policy group # and Individual # _____

Policy Holder's Name: _____ Employer: _____

Primary Care Physician: _____ Phone _____

Known Allergies and other conditions: (Asthma, diabetes, previous head injury, surgeries, vision problems, etc.)

Student and Parent Consent Form

School Year: 20__ - 20__

School Name: _____

Name of Student: _____

Date of Birth: _____

The undersigned(s) are the Student and the parent(s), guardian(s), or person(s) in charge of the above-named Student and are collectively referred to as "Parent".

The Parent and Student hereby:

- (1) Understand and agree that participation in the NSAA sponsored activities is voluntary on the part of the Student and is a privilege; I will adhere to the rules and regulations set forth by the Bellevue Public School District, coaching staff, and the NSAA. I fully understand that the school has policies that apply to athletic/activity programs listed in the Parent-Student and the Athletic Handbooks. Also, I hereby state that, to the best of my knowledge, the answers to the Pre-participation Physical Evaluation History Form are complete and correct.
- (2) Understand and agree that (a) by this Consent Form the NSAA has provided to the Parent and Student of the existence of potential dangers associated with athletic participation; (b) participation in any athletic activity may involve injury or illness of some type; (c) the severity of such injury can range from minor cuts, bruises, sprains, and muscle strains to more serious injuries to the body's bones, joints, ligaments, tendons, or muscles, to catastrophic injuries to the head, neck, and spinal cord, and on rare occasions, injures so severe as to result in total disability, paralysis, and death; (d) the severity of an illness, including contagious diseases such as the COVID 19 virus, and bacterial infections may be so severe as to result in disability and death; and, even the best coaching, the use of the best protective equipment and strict observance of rules, injuries are still a possibility;
- (3) Consent and agree to participation of the Student in NSAA activities subject to all NSAA by-laws and rules interpretations for participation in NSAA sponsored activities, and the activities rules of the NSA member school for which the Student is participating; and,
- (4) Consent and agree to (a) the disclosure by the Member School at which the Student is enrolled to the NSAA, and subsequent disclosure by the NSAA, of information regarding the Student, including the student's name, address, telephone listing, electronic mail address, photograph, date of and place of birth, major fields of study, dates of attendance, grade level, enrollment status (e.g., full-time or part-time), participation in officially recognized activities and sports, weight and height of as a member of athletic teams, degrees, honors, and awards received, statistics regarding performance, records of documentation related to eligibility for NSAA sponsored activities, medical records, and any other information related to the Student's participation in NSAA sponsored activities; and (b) the Student being photographed, video recorded, audio taped, or recorded by any other means while participating in NSAA activities and contests, consent to and waive any privacy rights with regard to the display of such recordings, and waive any claims of ownership or other rights with regard to such photographs or recordings or to the broadcast, sale or display of such photographs or recordings.
- (5) Consent and agree to authorize licensed sports injury personnel to evaluate and treat any injury or illness that occurs during the student's participation in NSAA activities. This includes all reasonable and necessary preventative care, treatment and rehabilitation for these injuries. This would also include transportation of the student to a medical facility if necessary. Such licensed sports injury personnel are independent providers and are not employed by the NSAA.
- (6) Acknowledge that Parents are obligated to pay for professional and medical and/or related services; the NSAA shall not be liable for payment of such services. We give permission to any and all of the Student's health care providers and the NSAA and its employees, staff, agents, and consultants to release and discuss all records and information about the Student including otherwise confidential medical information and records. We understand that this release has been requested and may be used for the purpose of determining eligibility pertaining to activities participation, fitness, injury, injury status, or emergency.
- (7) Give consent for the above names athlete to travel with any school team, of which he/she is a member, to any events/competitions.
- (8) Gives consent for the coach or school representative to obtain any emergency medical care (permission to Treat) that may be needed for the athlete during travel or an athletic event/competition.
- (9) Verifies that the athlete is adequately insured against injury that might be incurred during athletic participation.
- (10) Does hereby release, hold harmless, and indemnify the Bellevue Public School District and supervisors from any liability for injuries and/or property damage incurred by the above names student athlete while participating in interscholastic athletics and activities.
- (11) Fully understands that the athlete is required to abide by the rules and regulations set forth by the Bellevue Public School District, coaching staff, and the Nebraska School Activities Association

I acknowledge that I have read paragraphs (1) through (6) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletic activities.

Name of Student (Print Name)

Student Signature

Date

(I am) (We are) the Student's parent/guardian. (I/We) acknowledge that (I/We) have read paragraphs (1) through (6) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletic activities. Having read the warning in paragraph (2) above and understanding the potential risk of injury to my Student, (I/We) hereby give (my)(our) permission for _____ (insert student name) to practice and compete for the above-named high school in activities approved by the NSAA, except those crossed out below:

Baseball	Basketball	Bowling	Cross Country	Debate	Football	Golf	Journalism	Music	Play Prod.
Soccer	Softball	Speech	Swim/Dive	Tennis	Track & Field	Unif. Bowl	Unif. T&F	Volleyball	Wrestling

Parent(s) / Guardian Printed Name(s)	Parent / Guardian Signature	Date of Signature