



Bellevue Public Schools Pre-participation Physical Evaluation

CLEARANCE FORM

Ins.S.4-5/15

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/Guardian Name: _____ Home Phone: _____

Day Phone #: Father _____ Mother _____

Cell Phone #: Father _____ Mother _____

Emergency Contact other than Parent/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.)

Athlete's Section

List sports you plan to participate in this school year: _____

This application to participate in interscholastic athletics is entirely voluntary on my part and is made with the understanding that I have not to the best of my knowledge violated any of the eligibility rules and regulations of the Nebraska School Activities Association (NSAA). I will adhere to the rules and regulations set forth by the Bellevue Public School District, coaching staff, and the NSAA. I recognize that it is a privilege to participate in athletics and will strive to earn respect for myself, school, and community. 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.

Athlete's Name (Please Print)

Athlete's Signature

Date

Parent/Guardian(s) Section

The undersigned parent/guardian:

1. gives consent for the above named athlete to participate in school sponsored interscholastic athletics and activities, except those determined to be inappropriate on the basis of a physical examination, realizing that such activity has the potential for injury which can occur in all sports. I / We understand that even with the best coaching, the correct protective equipment and abiding by the rules of the sport, injuries are still a possibility.
2. gives consent for the above named athlete to travel with any school team, of which he/she is a member, to any local or out of town events/competitions.
3. 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.
4. verifies that the athlete is adequately insured against injury that might be incurred during athletic participation.
5. hereby give permission for the release of the athlete's medical history and the results of their physical examination to the school for purposes of participation in athletics and activities.
6. do 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 named student athlete while participating in interscholastic athletics and activities.
7. 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 / We recognize that it is a privilege to participate in athletics.

Parent/Guardian Name (Please Print)

Parent's/Legal Guardian's Signature

Date

STATE OF NEBRASKA)
) ss.
COUNTY OF SARPY)

SUBSCRIBED AND SWORN to before me, a notary public, on this _____ day of

_____, 20__.

Notary Public