PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT

HIGH SCHOOL SPORT / ACTIVITY CLEARANCE

Sport/Activity _____

Coach/Advisor _____

Level (V/JV/10/9) _____

PRINT NAME (use ink) _____ LAST _____ FIRST _____ MIDDLE

Grade _____ Birthdate _____ Age _____ Student Cell # _____

Student Email _____

** I hereby give my permission for the administration of emergency first aid to the above student and approval for his/her participation in the above sport/activity. **

_____ PRINT NAME – PARENT/GUARDIAN

_____ SIGNATURE - PARENT/GUARDIAN

_____ DATE SIGNED

CLEARANCE PROCEDURE:

☐ Health Office (Physical Form) _____ Physical Expires _____ Initials _____ Date Signed

☐ Student Store (Athletic/Activity Report, Insurance, Code of Conduct, Waiver (F-603), Voluntary Participation Donation, Concussion form, if applicable) _____ Initials _____ Date Signed

NOTE: A new card must be completed for each sport or activity. Student may not participate until this card has been completed and turned in.

EMERGENCY INFORMATION ON BACK

PARENTS: This information is necessary in the event injury occurs while away from school or outside regular school hours. Please be as specific as possible.

Student Full Name _____

Home Address _____

Mother / Father Name(s) _____

Parent Email _____

Where Mother may be reached - Home Phone _____ Wk # _____ Cell # _____

Where Father may be reached - Home Phone _____ Wk # _____ Cell # _____

Contact if neither Mother nor Father can be reached - Name _____

Contact Phone _____ Work # _____ Cell # _____

Doctor _____ Phone _____

Hospital _____ Phone _____

CHECK ONE: ☐ SCHOOL INSURANCE ☐ PRIVATE INSURANCE _____ Name – Insurance Company

History or Allergies, Injuries, Heart, or Other Medical Problems: _____

F-601 (8/15)