



Dos Pueblos High School

National Blue Ribbon School | California Distinguished School

ATHLETIC CLEARANCE INFORMATION

SPORT: _____ GRADE: _____

NAME: _____

PARENTS NAME: _____

ADDRESS: _____

EMAIL: _____

PHONE: _____ ALT. PHONE: _____

IDENTIFY TYPE OF INSURANCE, NAME AND POLICY #:

SCHOOL CIF: _____	INSURANCE NAME	POLICY #
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PRIVATE INSURANCE: _____	INSURANCE NAME	POLICY #
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STUDENTS, PLEASE HAVE THE FOLLOWING SIGNED:

ATHLETICS: _____ DATE: _____

BUSINESS OFFICE: _____ DATE: _____

HEALTH OFFICE: _____ DATE: _____

PARENTAL MEDICAL RELEASE

I HEREBY GIVE MY PERMISSION FOR MY SON/DAUGHTER _____ TO BE GIVEN MEDICAL TREATMENT BY A PHYSICIAN OR QUALIFIED ATTENDANT AT AN EMERGENCY ROOM AT A HOSPITAL, IN CASE OF INJURY OR ANY SITUATION THAT WOULD REQUIRE MEDICAL ATTENTION, WHILE AT PRACTICE IN AN ATHLETIC CONTEST, OR IN TRANSIT.

SIGNATURE OF PARENT OR GUARDIAN

DATE

DOES THE STUDENT TAKE MEDICATION? YES OR NO, IF YES, WHAT MEDICATION? _____

DOES THE STUDENT HAVE/HAD (CIRCLE)? ALLERGIES, ASTHMA, SEIZURES, HEART MURMUR, BROKEN BONE, DIABETES, SURGERY.

IF ADMITTED TO THE HOSPITAL WHAT OTHER MEDICAL INFORMATION MIGHT BE NEEDED?



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