

TIGARD-TUALATIN SCHOOL DISTRICT ATHLETIC CLEARANCE FORM

SPORT * _____

STUDENT FIRST NAME * _____ STUDENT LAST NAME * _____

STUDENT ID * _____ GENDER * _____ DATE OF BIRTH * _____ GRADE * _____

STREET ADDRESS * _____

CITY * _____ STATE * _____ ZIP * _____

HOME EMAIL ADDRESS * _____

PARENT/GUARDIAN #1 NAME * _____

CELL PHONE * _____ WORK PHONE _____ HOME PHONE _____

PARENT/GUARDIAN #2 NAME * _____

CELL PHONE * _____ WORK PHONE _____ HOME PHONE _____

PHYSICIAN NAME * _____

PHYSICIAN PHONE * _____

HOSPITAL CHOICE * _____

INSURANCE COVERAGE IS REQUIRED TO PARTICIPATE:

If any change, you must notify the school immediately

PRIMARY INSURANCE COMPANY * _____ POLICY # * _____

STUDENT LIVES WITH * _____

EMERGENCY CONTACT PERSON * _____ EMERGENCY CONTACT PHONE * _____

HAS STUDENT HAD INJURIES OR MEDICAL PROBLEMS REQUIRING MEDICAL ATTENTION IN THE LAST YEAR?*

_____ IF YES, PLEASE EXPLAIN _____

PLEASE LIST CURRENT MEDICATIONS STUDENT IS TAKING _____

SCHOOL ATTENDED LAST SEMESTER* _____ CITY _____ STATE _____

ARE YOU A FOREIGN EXCHANGE STUDENT? * _____

IF YES, WHAT FOREIGN EXCHANGE PROGRAM _____

MEDICAL INFORMATION STATEMENT

We have read and understand the eligibility provisions and rules of the Athletic/Activities Policy Statement. The Policy Statement Booklet is provided when this clearance form is made available. We acknowledge and recognize that hazards are present in athletic participation and that injury may result. My signature authorizes the school to obtain any emergency transportation or care that may become necessary in the course of athletic activities or travel.

BY SIGNING BELOW, I HAVE READ, UNDERSTAND AND AGREE TO THE ATHLETIC POLICIES.

STUDENT SIGNATURE * _____ DATE _____

PARENT/GUARDIAN SIGNATURE * _____ DATE _____