

MILLARD PUBLIC SCHOOLS
ATHLETIC PRE-PARTICIPATION CLEARANCE FORM 2019-2020

NOTE: A valid physical must be given after May 1, 2019

Please note that submission of this form (or another clearance form signed by the medical professional who performed the physical) to the school is required in order to be eligible for all the athletic activities offered by the school as well as dance/cheer.
THIS SECTION TO BE COMPLETED BY THE PARENT OF THE STUDENT:

Student Name		Date of Birth	Age	Grade
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Place a check by all of the sports/activity in which athlete will participate:		
Baseball	Basketball*	Cross Country	Cross Country Club*	Dance/Cheer
Tennis	Track*	Volleyball*	Wrestling*	Unified Sports*
				(*- offered at the middle schools as well)
Father's/Guardian's Name			Home Phone	
Work Phone		Cell Phone		
Mother's/Guardian's Name			Home Phone	
Work Phone		Cell Phone		

Emergency Contact Person (if parents/guardians cannot be reached)	Home Phone
Work Phone	Cell Phone

THIS SECTION TO BE COMPLETED BY THE MEDICAL PROFESSIONAL PERFORMING THE PHYSICAL:

<input type="checkbox"/> - Date of Physical- Month Day Year	<input type="checkbox"/> - Cleared without restriction OR <input type="checkbox"/> - Not cleared for any sports
<input type="checkbox"/> Cleared, with recommendations for further evaluation or treatment for:	
<input type="checkbox"/> Not cleared for certain sports (which sports and reason):	

EMERGENCY INFORMATION: Allergies:

Other Information:

- Immunizations Up to Date - Immunizations Not Up to Date (please specify):
(tetanus/diphtheria; measles; rubella; hepatitis A and B; poliomyelitis; pneumococcal; meningococcal; varicella)

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 participate 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 parent(s)/guardian(s). 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 his/her parent(s)/guardian(s).

Attending Physician (print):

Office Phone:

Office Address:

Physician's Signature: _____

Date Signed:

NSAA Parent Permission and Acknowledgement Form

I/WE understand and agree that participation in NSAA-sponsored activities is voluntary on the part of the Student and is a privilege, not a right.

I/We understand and agree that by this Consent Form the NSAA has provided notification to the Parent and Student of the existence of potential dangers associated with athletic/activity participation. 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, injuries so severe as to result in total disability, paralysis, or death; even with the best coaching, use of the best protective equipment and strict observances of rules, injuries are still a possibility.

I/WE 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 NSAA member school for which the Student is participating.

I/WE consent and agree to the disclosure by the 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 number, electronic mail address, photograph, date and place of birth, major fields of study, dates of attendance, grade level, weight and height as a member of athletic teams, degrees, honors and awards received, statistics regarding performance, records or documentation related to eligibility for NSAA sponsored activities, medical records, and any other information related to the student's participation in NSAA sponsored activities. I/WE consent and agree to the Student being photographed, videotaped, audiotaped, 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.

PLEASE NOTE: If you do not wish to have health information shared with school or District staff members (as needed) other than the school nurse and principal, the parent/legal guardian must notify the school in writing.

I/WE authorize the school to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the student in the course of such athletics/activities or such travel. I also agree not to hold the school or anyone acting in its behalf responsible for any injury to my student in the course of such athletics/activities or such travel. I/WE understand that if an Inhaler/Epi-pen needs to be accessible, it will be my responsibility to provide a separate Inhaler/Epi-pen that will be kept with the coach's first aid supplies until the end of that sport's season.

I/WE do not know of any existing physical condition or health reason that would preclude participation in athletics/ activities.

I/WE certify that the answers to the questions on the athletic pre-participation screening form, physical form, clearance form, and/or emergency information card as well as statements on this document are true and accurate.

I/WE acknowledge that I/WE read the above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletics/activities. Having read the warning above and understanding the potential risk of injury to my Student, I/WE hereby give my/our permission for our student to practice and compete for the school attended in athletics/activities approved by the NSAA.

A student shall become eligible for practice and competition in each activity that is under the jurisdiction of the Nebraska School Activities Association when a once a year certificate of consent, signed by the student and one of his/her parents or guardian, and is on file with the school.

Student's Name: _____

Parent/Guardian Signature _____ Date _____

Insurance Verification

Millard School Board Policy and rule 5600.3 requires all students who participate in extracurricular programs to be covered by medical insurance.

In order for your son/daughter to be eligible to participate, he/she must have proof of insurance. Please indicate the name of the insurance company and policy number for medical coverage for your son/daughter. I/WE understand that the school and District carries no insurance of any kind to cover medical expenses that may occur from participation in athletics/activities and that the school and District themselves will not be responsible for any such expenses.

I/WE agree that we have adequate insurance to cover our son/daughter for any medical expenses incurred while participating in extracurricular athletics/activities. Students who do not have family insurance may be eligible to apply for health insurance coverage. Kid's Connection, Nebraska Children's Health Insurance Program, is an insurance program made available through the Nebraska Health and Human Services System. Kid's Connection is a health insurance program developed by the State of Nebraska as an extension of Medicaid and provides health coverage to uninsured children across the state of Nebraska. Applications can be obtained by calling the Student Services Office (715-8300) at the Don Stroh Administration Center, or from your school office.

Name of Insurance Company: _____ Insurance Policy Number: _____