



# Bellevue Public Schools Pre-participation Physical Evaluation

CLEARANCE FORM

Ins.S.4-5/16

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/Legal Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Day Phone: Father \_\_\_\_\_ Mother \_\_\_\_\_

Cell Phone: Father \_\_\_\_\_ Mother \_\_\_\_\_

Emergency Contact other than Parent/Legal 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.)  
\_\_\_\_\_  
\_\_\_\_\_

**Athletics/Activities Section**

List athletics/activities you plan to participate in this school year: \_\_\_\_\_

This application to participate in interscholastic athletics/activities 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/sponsor, and the NSAA. I recognize that it is a privilege to participate in athletics/activities 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.

\_\_\_\_\_  
Student's Name (Please Print)

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**Parent/Legal Guardian(s) Section**

The undersigned parent/guardian:

1. gives consent for the above named student 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 activities. I / We understand that even with the best coach/sponsor, the correct protective equipment and abiding by the rules of the activity, injuries are still a possibility.
2. gives consent for the above named student to travel with any school team/club, 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 student during travel or athletic/activity events.
4. verifies that the student is adequately insured against injury that might be incurred during athletic/activity participation.
5. hereby give permission for the release of the student'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 while participating in interscholastic athletics and activities.
7. fully understands that the student is required to abide by the rules and regulations set forth by the Bellevue Public School District, coaching staff/sponsor, and the Nebraska School Activities Association. I / We recognize that it is a privilege to participate in athletics/activities.

\_\_\_\_\_  
Parent/Legal Guardian Name (Please Print)

\_\_\_\_\_  
Parent's/Legal Guardian's Signature

\_\_\_\_\_  
Date

**Notary Section (Required for High School Students Only)**

STATE OF NEBRASKA     )  
  ) ss.  
COUNTY OF SARPY     )

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

\_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public