

ATHLETIC CLEARANCE FORMS

COMPLETE, SIGN & RETURN THESE FORMS TO THE ATHLETIC OFFICE:

1. Kennewick School District High School Athletic Clearance Sheet
2. Kennewick School District Student Physical Evaluation Form – good for 2 yrs.
3. Kennewick School District Student Emergency Information Form

READ & KEEP COPIES OF THESE FORMS FROM THE KSD WEBSITE:

1. Kennewick School District Extracurricular / Anti-Hazing Agreement
2. Kennewick School District Training Rules Participation
3. Kennewick School District Concussion / Cardio Awareness Form
4. Kennewick School District Specific Sport Safety Guidelines

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These forms are available on the

Kamiakin High School website:

<http://kamiakin.ksd.org>

Athletics tab / Forms

or

Kennewick School District website:

<http://www.ksd.org>

Parent tab / Forms / Athletics & Activities

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THE FOLLOWING FEES ARE ONLY REQUIRED FOR SPORTS DURING THE SCHOOL YEAR:

ASB CARDS - Are purchased **once** each year

➤ ASB CARD - \$35 (if paid during 1st semester)

➤ ASB CARD - \$23 (if paid after 1st semester)

(or a reduced price if you qualify for the Free/Reduced Lunch Program)

SPORT FEES - Are paid for each sport your student is participating in during the school year

➤ SPORT FEE - \$40 (paid for each sport participating in)

(or a reduced price if you qualify for the Free/Reduced Lunch Program)

KENNEWICK SCHOOL DISTRICT HIGH SCHOOL ATHLETIC CLEARANCE

Student Name: _____ Male: Female: Grade: _____

Student ID Number: _____ Student Birth Date: _____

Student Address: _____ City: _____ Zip: _____

Name of adult person(s) with whom student resides:

Father: _____

Mother: _____

Court Appointed Guardian: _____

Other: _____ Relationship: _____

Phone (Work): _____ (Home): _____ (Cell): _____

PARENT EMAIL

- Current Activity:**
- Baseball Basketball Bowling Cross Country
 - Football Golf Gymnastics Soccer
 - Softball Swim Tennis Track
 - Volleyball Wrestling Cheer Dance

Which school boundary do you reside in: Kamiakin Kennewick Southridge

Since 7th grade, have you repeated a grade or failed to complete any semester of school? No Yes

Have you repeated a grade or failed to complete any semester in high school? NA No Yes

What calendar year did you enter high school? 20____ Foreign Exchange Student? No Yes

STUDENT/PARENT VERIFICATION OF RECEIPT & VERIFICATION OF UNDERSTANDING

By initialing and signing below you verify that you have **read and understand all documents** (available upon request or at www.ksd.org) listed below. Further, by initialing and signing below you verify that you will abide by all policies, procedures, protocols, etc. listed therein.

- **EXTRACURRICULAR ATHLETIC / ACTIVITY INFORMATION; SUMMER CAMP ATHLETE / STUDENT EXPECTATIONS / ANTI-HAZING AGREEMENT:** I understand and agree to all stated conditions of participation in extracurricular activities in the Kennewick School District.

Parent /Guardian Initial: _____

Student Initial: _____

- **TRAINING RULES FOR INTERSCHOLASTIC ACTIVITY PARTICIPATION; TRAINING RULES FOR SUMMER INTERSCHOLASTIC ACTIVITY PARTICIPATION:** I understand that my conduct and training habits must be appropriate in order to ensure my continued participation in interscholastic activities. I understand and agree to abide by the training rules for interscholastic activity participation.

Parent /Guardian Initial: _____

Student Initial: _____

- **CONCUSSION AND SUDDEN CARDIAC ARREST AWARENESS:** I have read and understand the sudden cardiac arrest information sheet and concussion guidelines. Concussions can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. If my child reports any symptoms of concussion, or if I notice the symptoms or signs of concussion, I will seek medical attention right away.

Parent /Guardian Initial: _____

Student Initial: _____

- **SPORT SPECIFIC SAFETY GUIDELINES:** I understand the rules and procedures and the necessity of using proper techniques while participating in _____ (Current Activity).

Parent /Guardian Initial: _____

Student Initial: _____

Parent Signature: _____ Student Signature: _____

Date: _____ Date: _____

STUDENT EMERGENCY INFORMATION

MEDICAL PERMISSION - INSURANCE AUTHORIZATION - TRAVEL PERMISSION

Student Name _____ School _____ Grade _____
 Student Birth Date _____ Activity _____
 Student Address _____ City _____ Zip _____

EMERGENCY MEDICAL TREATMENT AND INSURANCE AUTHORIZATION

As the parent/guardian of the above named student, my signature on this form authorizes any emergency medical treatment by a licensed medical physician and/or medical facility in the event of accident, illness or injury.

Does the supervising person have your permission to seek medical attention from the nearest licensed physician and/or medical facility?
 Yes, parent/guardian initial _____
 No, parent/guardian initial _____ Please specify below the procedure you wish the supervising person to follow:

I am aware that Kennewick School District does not provide medical insurance coverage for accidents/injuries resulting from participation in school and/or school-related activities. As the parent/guardian of the above named student, I accept full responsibility for the cost of treatment for any accident, illness or injury which my student may suffer while participating in school/school related activities. I understand that my student must maintain adequate medical insurance coverage in order to participate in interscholastic athletics/activities, and that it must be kept in force throughout the sport/activity season.

HEALTH ALERTS - Parents must note any medical conditions below	
<input type="checkbox"/> Voluntary School Medical Ins. Protection <input type="checkbox"/> Medical Coupons <input type="checkbox"/> Family Medical Insurance	Date of last Tetanus booster: _____ Medication Allergies: _____ Other Allergies: _____
<u>MEDICAL CONDITIONS:</u>	
CURRENT MEDICATIONS:	

Family Physician _____ Telephone _____

Preferred Hospital: Trios Health Kadlec Regional Medical Center Pasco Our Lady of Lourdes

Telephone number where each parent/guardian can be contacted:

Father/Guardian _____ Home _____ Work _____ Cell _____
 Mother/Guardian _____ Home _____ Work _____ Cell _____

Emergency Contact:

Name _____ Relationship _____ Phone _____
 Alt. Phone _____
 Name _____ Relationship _____ Phone _____
 Alt. Phone _____

STUDENT TRAVEL PERMISSION

Kennewick School District has my permission to transport my son/daughter by district bus/vehicle, private vehicle or Rental Vehicle.

 (Signature of Parent/Guardian)

 (Date)



Kennewick School District 17

Physical Evaluation (valid for 2 years)

Section A: To be completed by Parent

 Male

 Female

Student Name _____ Birth Date _____ Exam Date _____

Address _____ City _____ Phone _____

Grade in the Fall _____ School in the Fall _____

Activity: Fall _____ Winter _____ Spring _____

Yes	No	
		Have you had any illness/ injury recently, or do you have an illness/injury now? Explain:
		Have you had a medical problem, illness or injury since your last exam? List:
		Do you have any chronic or recurrent illness? List:
		Have you ever had any illness lasting more than a week? List:
		Have you ever been hospitalized overnight? Explain:
		Have you had any surgery other than tonsillectomy? List:
		Have you had any injuries requiring treatment by a physician? List
		Do you have any organ missing other than tonsils (appendix, eye, kidney, testicle, etc.)? List:
		Are you presently taking ANY medications (including birth control pill, vitamin, aspirin etc) List
		Do you have ANY allergies (medicine, bees, foods etc.) List:
		Have you ever had chest pain, dizziness, fainting, passing out during or after exercise?
		Do you tire more easily or quickly than your friends during exercise?
		Have you ever had any problem with your blood pressure or your heart?
		Have any of your close relatives had heart problems, heart attack or sudden death before they were age 50?
		Do you have any skin problems (acne, itching, rashes, etc.)? list:
		Have you ever had fainting, convulsions, seizures, or severe dizziness?
		Do you have frequent severe headaches?
		Have you ever had a "stinger" or "burner" or pinched nerve?
		Have you ever been "knocked out" or "passed out"? Date and details:
		Have you ever had a neck or head injury? Date and severity:
		Have you ever had heat exhaustion, heat stroke, heat cramps or similar heat-related problems?
		Have you had asthma, or trouble breathing, or cough during or after exercise?
		Do you wear glasses or contacts or protective eye wear?
		Have you had any problem with your eyes or vision
		Do you wear any dental appliance such as braces, bridge, plate, retainer?
		Have you ever had a knee injury?
		Have you ever had an ankle injury?
Yes	No	

	Have you ever injured any other joint (shoulder, wrist, fingers, etc.)?
	Have you ever had a broken bone (fracture)?
	Have you ever had a cast, splint, or had to use crutches?
	Must you use special equipment for competition (pads, braces, neck roll, etc.)?
	Has it been more than 5 years since your last Tetanus booster shot?
	Are you worried about your weight?
	Females: Have you any menstrual problems?
	Have you any medical concerns about participating in your sport?

Explain all “Yes” answers with dates and details

I hereby state that, to the best of my knowledge, my answers to the above questions are correct.

Student Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

Section B – PHYSICAL EXAMINATION - To be completed by Physician

Age _____ Height _____ Weight _____ BP _____ Pulse _____ Visual Acuity L 20/ R 20/	Normal	Abnormal Findings	Initials
Head			
Eyes, ENT			
Teeth			
Chest			
Lungs			
Heart			
Abdomen			
Genitalia			
Neurologic			
Skin			
Physical Maturity			
Spine, Back			
Shoulders, Upper extremities			
Lower extremities			

Assessment: Full Participation Limited Participation (describe limitations, restrictions in box below)

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Participation contraindicated (list reasons in box below)

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Recommendation (equipment, taping, rehab etc.)

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Date: _____ Examiner's signature _____ Print Examiner's name _____

