

**MILLARD PUBLIC SCHOOLS**  
ATHLETIC PRE-PARTICIPATION CLEARANCE FORM  
NOTE: A valid physical must be given after May 1, 2009

**PLEASE NOTE THAT SUBMISSION OF THIS FORM TO THE SCHOOL IS REQUIRED IN ORDER TO BE ELIGIBLE FOR THE ACTIVITIES LISTED: BASEBALL, BASKETBALL, CROSS COUNTRY, DANCE/CHEER, FOOTBALL, GOLF, SOCCER, SOFTBALL, SWIMMING/DIVING, TENNIS, TRACK AND FIELD, VOLLEYBALL, WRESTLING.**

FOR OFFICE USE ONLY AMOUNT PAID: \$35                      \$50  NURSE _____
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**This section to be completed by the parent of the student :**

Student Name \_\_\_\_\_ Date of Birth/Age \_\_\_\_\_ / \_\_\_\_\_ Grade \_\_\_\_\_  
 Male     Female  
Parent/Guardian Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Parent/Guardian Cell Phone \_\_\_\_\_  
Parent/Guardian Home Address \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

**Place a check by all of the sports/activity in which athlete will participate:**  Baseball,  Basketball,  Cross Country,  
 Dance/Cheer,  Football,  Golf,  Soccer,  Softball,  Swim/Diving,  Tennis,  Track,  Volleyball,  Wrestling

**This section to be completed by the Medical Professional performing the physical:**

cleared without restriction  
 cleared, with recommendations for further evaluation or treatment for: \_\_\_\_\_  
  
 not cleared for any sports/activity  
 not cleared for certain sports (which sports and reason): \_\_\_\_\_

EMERGENCY INFORMATION:  Allergies: _____ _____  Other Information: _____ _____  <input type="checkbox"/> Immunizations Up to Date <input type="checkbox"/> Immunizations Not Up to Date (please specify): _____ (tetanus/diphtheria; measles; rubella; hepatitis A and B; poliomyelitis; pneumococcal; meningococcal; varicella)
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Attending Physician (print): \_\_\_\_\_ Office Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ DATE: \_\_\_\_\_