



San Ramon Valley Unified School District

699 Old Orchard Drive

Danville, CA 94526

ATHLETIC PARENT/GUARDIAN CONSENT/PROOF OF INSURANCE

All sections of this form must be completed and turned in to the Main Office BEFORE A STUDENT CAN BE ISSUED EQUIPMENT, PARTICIPATE IN PRACTICE, OR COMPETE IN CONTESTS. Failure to do so may result in the loss of eligibility.

Student Name _____ Date _____

Address _____ Telephone _____

School _____ Grade _____

1. PARENT/GUARDIAN CONSENT TO PLAY AND MEDICAL RELEASE

I hereby give my consent for the above named student to compete in sports at the above named high school and travel with a representative of the school on any trips. In case this student is injured, you are authorized to have him/her treated. (Ed. Code 35350)

SIGNATURE OF PARENT/GUARDIAN Date

2. INSURANCE INFORMATION

California Ed. Code 32220 requires each member of an athletic team to have medical/accident insurance as set forth below. A Member of athletic team includes band/orchestra members, cheerleaders, team managers, or any other student participating at an athletic event and while being transported to and from an athletic event.

INSURANCE REQUIREMENTS

Insurance protection for medical and hospital expenses resulting from bodily injuries in one of the following amounts:

- a) A group or individual medical plan with accident benefits of at least \$200 for each occurrence and major medical coverage of at least \$10,000, with no more than \$100 deductible and no less than 80% payable for each occurrence.
- b) Group or individual medical plans which are certified by the Insurance Commissioner to be equivalent to the required coverage of at least \$1,500.
- c) At least \$1,500 for all such medical and hospital expenses.

INSURANCE COVERAGE

- ____ Student Accident Insurance - 24 hour protection (covers all interscholastic sports except football)
- ____ C.I.F. Insurance - All other sports (covers participation in all sports except football)
- ____ C.I.F. Football Insurance (covers participation in tackle football only)
- ____ C.I.F. Girls Sports Team Insurance (covers participation in all approved girls sports)

____ Other medical or accident insurance _____ Policy # _____

NAME OF INSURANCE COMPANY

I hereby certify that the above named student is covered by insurance that meets the requirement above, and agree to maintain this insurance during the time my student is participating in interscholastic sports.

SIGNATURE OF PARENT/GUARDIAN Date

Student Name:

District Use Only:	
Date of Physical:	Received by:

**PRE-PARTICIPATION MEDICAL EXAMINATION AND CLEARANCE
THIS DOCUMENT APPLIES TO ALL ACTIVITIES AND SPORTS UNLESS SPECIFICALLY EXCLUDED
AND IS VALID FOR ONE YEAR FROM DATE OF THE EXAMINATION**

Grade: _____ Height: _____ Weight: _____ Date of Birth: _____
Sex: _____ Date of Physical: _____ Vision: R 20/____ L 20/____ Corrected: Y or N

Medical Examination	Normal	Abnormal Findings Please describe and explain findings
Appearance:		
Eyes/Ears/Throat:		
Lymph Nodes:		
Heart:		
Pulse:		
Lungs:		
Abdomen:		
Genital (males only):		
Skin:		
Neurological:		
Neck:		
Back:		
Shoulders/Arms:		
Elbow/Forearm:		
Wrists/Hands:		
Hips/Thighs:		
Knees:		
Legs/Ankles:		
Feet:		
Head/Skull		

History

Is there any medical history regarding the student or their family that might impact the student's ability to participate in any activity? Yes or No. If Yes, please explain:

Medical Clearance

Subsequent to a complete and thorough medical examination, the above named student is medically cleared to participate in all activities and sports, except:

Print Name of Physician or Surgeon: _____

Address: _____

License or Certificate Number: _____

Signature: _____ Date: _____

ONLY A PHYSICIAN OR SURGEON DULY AND CURRENTLY LICENSED IN THE STATE OF CALIFORNIA MAY
EXECUTE THIS FORM.