

EDGEMONT JUNIOR HIGH SCHOOL-CLEARANCE FORM

Name _____ Grade _____ Phone _____ (h)

Address _____ Zip Code _____

Parent/Guardian _____ Phone _____ (c)

Emergency Contact _____ Phone _____

Family Physician and Phone _____

Insurance Company _____ Policy # _____

If, in the event of serious injury, your family physician is not available or is not located in the immediate vicinity, and we are unable to contact a parent or guardian, does the School staff have your permission to seek medical attention from the nearest physician? YES NO

CHECK CONDITIONS THAT MAY AFFECT STUDENT DURING SPORT/ACTIVITY:

- ASTHMA DIABETES SEIZURE DISORDER ALLERGY to Bee Sting
 ALLERGY to Food Other _____ Medication required?

CHECK HERE IF CHILD'S HEALTH CONDITION IS LIFE THREATENING

CHECK HERE IF STUDENT MUST HAVE ACCESS TO EMERGENCY MEDS
(Current Medication Form signed by a Physician is required)

STUDENT WILL CARRY: INHALER DIABETIC SUPPLIES Other: _____

PARENT WILL PROVIDE COACH: INHALER DIABETIC SUPPLIES
 Other: _____

IF YOUR CHILD'S HEALTH CONDITION IS LIFE THREATENING, THE SCHOOL HEALTH CARE PLAN AND MEDICATION PERMISSION FORM(S) MUST BE ON FILE WITH THE SCHOOL NURSE AND ATTACHED TO THIS CLEARANCE CARD (RCW 28A.210.210.320)

Parent/Guardian Signature _____ Date _____

Student Athlete Signature _____ Date _____

This student has been cleared to participate for the _____ school year:

- ____ Cross Country ____ Girls Basketball ____ Girls Soccer ____ Girls Track
____ Football ____ Wrestling ____ Boys Basketball ____ Boys Track
____ Volleyball
Athletic Coordinator _____