

Riverside Unified School District  
Emergency and Medical Clearance Form



This form is required to be completed by the parent / guardian and physician providing the medical clearance. In order for students to participate in athletic, marching band, orchestra and ROTC programs a physician must provide a medical clearance. A medical clearance is required from a physician (Medical Doctor [MD] or Doctor of Osteopathic Medicine [DO]) for a student to participate in athletic, marching band, orchestra and ROTC programs within Riverside Unified School District middle and high schools.

Student's Name

**Student Information**

Student Name: \_\_\_\_\_ Today's Date \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth \_\_\_\_\_

Father's or Guardian Name: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Mother's or Guardian Name: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

School Attended Previous Semester: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Insurance Co: \_\_\_\_\_ Policy I.D. #: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medicines and Allergies**

Please list all of the prescription and over the counter medicines and supplements (herbal and nutritional) that the student is currently taking:

\_\_\_\_\_

Does student have any allergies?  Yes  No If yes, please identify specific allergy below:

Medicines  Pollens  Food  Stinging Insects

**Physician Information (to be completed by physician)**

Riverside Unified School District only accepts medical clearance from MD or DO physicians; the district does not accept clearances from Doctors of Chiropractic Medicine or any other health care providers. Riverside Unified School District is reliant on the physician's opinion. If the physician's clearance is subject to restrictions for disabilities covered under the Americans with Disabilities Act, then the school may or may not allow the student to participate depending on the outcome of a reasonable accommodation process.

**PRE-PARTICIPATION PHYSICAL EVALUATION CLEARANCE**

Student Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Cleared for all athletics, marching band, orchestra or ROTC without restriction

Cleared for all athletics, marching band, orchestra or ROTC with restriction for disabilities covered under the Americans with Disabilities Act as follows:

\_\_\_\_\_

Not cleared

For any athletics, marching band, orchestra or ROTC

For certain athletics, marching band, orchestra or ROTC as follows: \_\_\_\_\_

I have examined the above-named student and completed the pre-participation physical evaluation. The student does not present apparent clinical contraindications to practice and participate in the athletics, marching band, orchestra or ROTC as outlined above. If conditions arise after the student 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 student and parents/guardians.

Name of physician (print/type): \_\_\_\_\_ Date: \_\_\_\_\_

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

Signature of physician: \_\_\_\_\_, MD or DO

White - School

Canary - School (Coach/Teacher)

Pink - Parent

Goldenrod - Physician

Return Three Copies and Retain One Copy For Your Records