

# ATHLETIC CLEARANCE

*Quick steps for parents/students using the online athletic clearance process.*

**Prepared for:** Athletic Directors

Athletic Assistants

Parents/Students

**Prepared by:**

Home Campus

Updated: 2/22/22

Questions? Use the yellow Help option on the bottom right of the screen and submit a ticket.

## Online Athletic Clearance

1. Visit [AthleticClearance.com](https://AthleticClearance.com)
2. **Select Florida**
3. First Time Users:
  - **Create an Account.** PARENTS/GUARDIANS will register with a valid email username and password.
4. Return Users: • Enter login information and click “Sign In”
5. **Sign In** using your email address that you registered with
6. Select “**Start Clearance Here**” to start the process.
7. Choose:
  - School Year in which the student plans to participate. *Example: Football in Sept 2022 would be the 2022-2023 School Year.*
  - School at which the student attends and will compete at
  - Sport/s (*We recommend that if the student will be participating in multiple sports, that those sports are added all at once*)
8. Complete all required fields for Student Information, Parent/Guardian Information, Medical History, Signature Forms and upload a File if applicable. (If you have gone through the Athletic Clearance process before, you will select the Student and Parent/Guardian from the dropdown menu on those pages and the information will autofill)
9. Once you reach the **Confirmation Message** you have completed the online registration process.
10. The student is not Cleared yet! This data will be electronically filed with your school's athletic department for review. When the student has been cleared for participation, an email notification will be sent.

## ONLINE ATHLETIC CLEARANCE FAQ

### What is my Username?

Your username is the email address that you registered with.

### How do I register for multiple Sports?

If you know you are going to play multiple sports when registering, it is best to add all sports on the first step where you also select the school year and school. If you are registering for additional sports after completing your initial clearance for the year, you will have to complete the process again. The good news is that if you select the student & parent/guardian info from the dropdown on those respective pages, the information will autofill.

### Physicals

The physical form your school uses can be downloaded on Medical History page. Most schools will accept the physical online (done by uploading the completed form on the Files page) as well as turning in a hard copy to the athletic department.

### Your Files

This area is meant to store your files so they can be accessed later in the year or perhaps years following.

### Why haven't I been cleared?

Your school will review the information you have submitted before clearing you for participation. Once they review your clearance they will change the status. You will receive an email when you have been cleared for participation

### My sport is not listed!

Please contact your school's athletic department and ask for your sport to be activated.

### I was “Denied” clearance, now what?

You should have received an email with the reason for denial. Please update your clearance accordingly then contact your school's athletic department and ask them to review your information again.



# Preparticipation Physical Evaluation (Page 1 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2. **This form is non-transferable; a change of schools during the validity period of this form will require page 1 of this form to be re-submitted.**

## Part 1. Student Information (to be completed by student or parent)

Student's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 School: \_\_\_\_\_ Grade in School: \_\_\_\_\_ Sport(s): \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
 Name of Parent/Guardian: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Person to Contact in Case of Emergency: \_\_\_\_\_  
 Relationship to Student: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
 Personal/Family Physician: \_\_\_\_\_ City/State: \_\_\_\_\_ Office Phone: (\_\_\_\_) \_\_\_\_\_

## Part 2. Medical History (to be completed by student or parent). Explain "yes" answers below. Circle questions you don't know answers to.

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or sports physical?	___	___	26. Have you ever become ill from exercising in the heat?	___	___
2. Do you have an ongoing chronic illness?	___	___	27. Do you cough, wheeze or have trouble breathing during or after activity?	___	___
3. Have you ever been hospitalized overnight?	___	___	28. Do you have asthma?	___	___
4. Have you ever had surgery?	___	___	29. Do you have seasonal allergies that require medical treatment?	___	___
5. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler?	___	___	30. Do you use any special protective or corrective equipment or medical devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, shunt, retainer on your teeth or hearing aid)?	___	___
6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	___	___	31. Have you had any problems with your eyes or vision?	___	___
7. Do you have any allergies (for example, pollen, latex, medicine, food or stinging insects)?	___	___	32. Do you wear glasses, contacts or protective eyewear?	___	___
8. Have you ever had a rash or hives develop during or after exercise?	___	___	33. Have you ever had a sprain, strain or swelling after injury?	___	___
9. Have you ever passed out during or after exercise?	___	___	34. Have you broken or fractured any bones or dislocated any joints?	___	___
10. Have you ever been dizzy during or after exercise?	___	___	35. Have you had any other problems with pain or swelling in muscles, tendons, bones or joints?	___	___
11. Have you ever had chest pain during or after exercise?	___	___	<i>If yes, check appropriate blank and explain below:</i>		
12. Do you get tired more quickly than your friends do during exercise?	___	___	___ Head	___ Elbow	___ Hip
13. Have you ever had racing of your heart or skipped heartbeats?	___	___	___ Neck	___ Forearm	___ Thigh
14. Have you had high blood pressure or high cholesterol?	___	___	___ Back	___ Wrist	___ Knee
15. Have you ever been told you have a heart murmur?	___	___	___ Chest	___ Hand	___ Shin/Calf
16. Has any family member or relative died of heart problems or sudden death before age 50?	___	___	___ Shoulder	___ Finger	___ Ankle
17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	___	___	___ Upper Arm	___ Foot	
18. Has a physician ever denied or restricted your participation in sports for any heart problems?	___	___	36. Do you want to weigh more or less than you do now?	___	___
19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, blisters or pressure sores)?	___	___	37. Do you lose weight regularly to meet weight requirements for your sport?	___	___
20. Have you ever had a head injury or concussion?	___	___	38. Do you feel stressed out?	___	___
21. Have you ever been knocked out, become unconscious or lost your memory?	___	___	39. Have you ever been diagnosed with sickle cell anemia?	___	___
22. Have you ever had a seizure?	___	___	40. Have you ever been diagnosed with having the sickle cell trait?	___	___
23. Do you have frequent or severe headaches?	___	___	41. Record the dates of your most recent immunizations (shots):		
24. Have you ever had numbness or tingling in your arms, hands, legs or feet?	___	___	Tetanus: _____ Measles: _____		
25. Have you ever had a stinger, burner or pinched nerve?	___	___	Hepatitis B: _____ Chickenpox: _____		

### FEMALES ONLY (optional)

42. When was your first menstrual period? \_\_\_\_\_  
 43. When was your most recent menstrual period? \_\_\_\_\_  
 44. How much time do you usually have from the start of one period to the start of another? \_\_\_\_\_  
 45. How many periods have you had in the last year? \_\_\_\_\_  
 46. What was the longest time between periods in the last year? \_\_\_\_\_

Explain "Yes" answers here: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

We hereby state, to the best of our knowledge, that our answers to the above questions are complete and correct. In addition to the routine medical evaluation required by s.1006.20, Florida Statutes, and FHSAA Bylaw 9.7, we understand and acknowledge that we are hereby advised that the student should undergo a cardiovascular assessment, which may include such diagnostic tests as electrocardiogram (EKG), echocardiogram (ECG) and/or cardio stress test.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



**Preparticipation Physical Evaluation (Page 2 of 3)**

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**Part 3. Physical Examination (to be completed by licensed physician, licensed osteopathic physician, licensed chiropractic physician, licensed physician assistant or certified advanced registered nurse practitioner).**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_ % Body Fat (optional): \_\_\_\_\_ Pulse: \_\_\_\_\_ Blood Pressure: \_\_\_\_/\_\_\_\_ (\_\_\_\_/\_\_\_\_, \_\_\_\_/\_\_\_\_)  
 Temperature: \_\_\_\_\_ Hearing: right: P \_\_\_\_\_ F \_\_\_\_\_ left: P \_\_\_\_\_ F \_\_\_\_\_  
 Visual Acuity: Right 20/\_\_\_\_ Left 20/\_\_\_\_ Corrected: Yes No Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_

<b>FINDINGS</b>	<b>NORMAL</b>	<b>ABNORMAL FINDINGS</b>	<b>INITIALS*</b>
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**MEDICAL**

- |                           |       |       |       |
|---------------------------|-------|-------|-------|
| 1. Appearance             | _____ | _____ | _____ |
| 2. Eyes/Ears/Nose/Throat  | _____ | _____ | _____ |
| 3. Lymph Nodes            | _____ | _____ | _____ |
| 4. Heart                  | _____ | _____ | _____ |
| 5. Pulses                 | _____ | _____ | _____ |
| 6. Lungs                  | _____ | _____ | _____ |
| 7. Abdomen                | _____ | _____ | _____ |
| 8. Genitalia (males only) | _____ | _____ | _____ |
| 9. Skin                   | _____ | _____ | _____ |

**MUSCULOSKELETAL**

- |                   |       |       |       |
|-------------------|-------|-------|-------|
| 10. Neck          | _____ | _____ | _____ |
| 11. Back          | _____ | _____ | _____ |
| 12. Shoulder/Arm  | _____ | _____ | _____ |
| 13. Elbow/Forearm | _____ | _____ | _____ |
| 14. Wrist/Hand    | _____ | _____ | _____ |
| 15. Hip/Thigh     | _____ | _____ | _____ |
| 16. Knee          | _____ | _____ | _____ |
| 17. Leg/Ankle     | _____ | _____ | _____ |
| 18. Foot          | _____ | _____ | _____ |

\* – station-based examination only

**ASSESSMENT OF EXAMINING PHYSICIAN/PHYSICIAN ASSISTANT/NURSE PRACTITIONER**

I hereby certify that each examination listed above was performed by myself or an individual under my direct supervision with the following conclusion(s):

\_\_\_\_ Cleared without limitation  
 \_\_\_\_ Disability: \_\_\_\_\_ Diagnosis: \_\_\_\_\_  
 \_\_\_\_ Precautions: \_\_\_\_\_  
 \_\_\_\_ Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_  
 \_\_\_\_ Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_  
 \_\_\_\_ Referred to \_\_\_\_\_ For: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Name of Physician/Physician Assistant/Nurse Practitioner (print): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Signature of Physician/Physician Assistant/Nurse Practitioner: \_\_\_\_\_



# Preparticipation Physical Evaluation (Page 3 of 3)

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Student's Name: \_\_\_\_\_

**ASSESSMENT OF PHYSICIAN TO WHOM REFERRED (if applicable)**

I hereby certify that the examination(s) for which referred was/were performed by myself or an individual under my direct supervision with the following conclusion(s):

\_\_\_ Cleared without limitation

\_\_\_ Disability: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

\_\_\_ Precautions: \_\_\_\_\_

\_\_\_ Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_

\_\_\_ Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Name of Physician (print): \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

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

Signature of Physician: \_\_\_\_\_

*Based on recommendations developed by the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine and American Osteopathic Academy for Sports Medicine.*

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA  
1960 LANDINGS BOULEVARD, SARASOTA, FL 34231  
PHONE (941) 927-9000

**PARENT/GUARDIAN RELEASE AND HOLD HARMLESS AGREEMENT FOR  
HIGH SCHOOL STUDENT ATHLETIC PARTICIPATION**

**Instructions:** This form must be notarized and returned to the Head Coach/Athletic Director's Office with the Athletic Packet. If you have questions pertaining to this form, contact your child's school.

Student Name (Print) \_\_\_\_\_ Student No. \_\_\_\_\_ DOB \_\_\_\_\_

School Name \_\_\_\_\_ School Year \_\_\_\_\_

Name of sport/activity this agreement governs \_\_\_\_\_

Parent/Guardian Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

I/We fully understand that playing or practicing to play interscholastic sports may be hazardous and poses a risk of injury, including but not limited to, sprains, strains, contusions, abrasions, broken bones and in extreme cases, paralysis or death. Due to the potential hazards associated with interscholastic sports, I/we recognize the importance of following the instructions of coaches and trainers, regarding playing techniques, training and other rules associated with this sport/activity.

I/We understand that it is the responsibility of the parents/guardians to provide proof of medical insurance coverage prior to participating in any phase of this sport/activity.

Yes I/we will be purchasing the student accident insurance made available through the Sarasota School District.

No I/we have comprehensive medical insurance that covers this student for any expenses he/she may incur as the result of a sports injury.

Insurance Company Name \_\_\_\_\_

Policy No. \_\_\_\_\_ Effective Dates \_\_\_\_\_

This agreement is entered into voluntarily and is made with the understanding that I/we have not violated any of the eligibility rules and regulations of the Florida High School Athletic Association (FHSAA) and/or the Sarasota School District. I/we give my/our consent for my/our student/child/ward to engage in FHSAA and Sarasota School District approved athletic activities as a representative of the student's school. I/we give my/our consent for him/her to accompany the team on out of town/county trips.

In consideration of The School Board of Sarasota County, Florida, permitting my/our student/child/ward to engage in interscholastic sports, I/we agree to release and hold harmless The School Board of Sarasota County, Florida, and its employees and agents from and against all claims, judgments, cost, expenses, attorney fees, including but not limited to, claims occurring from the negligence of The School Board of Sarasota County, Florida, its employees, and agents arising out of bodily injuries or property damage resulting from participation in interscholastic sports.

I/We acknowledge that I/we have read this agreement and fully understand its meaning, and that I/we will abide by all terms and conditions associated with this sport/activity and in this agreement.

Parent/Guardian Name (Print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name (Print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

STATE OF FLORIDA, SARASOTA COUNTY

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_ who is

Personally Known  Produced Identification Type of Identification Produced \_\_\_\_\_

(Seal) \_\_\_\_\_  
Typed or Printed Name of Notary Public

\_\_\_\_\_  
Signature of Notary Public

My Commission Expires \_\_\_\_\_ Commission No. \_\_\_\_\_

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA  
1960 LANDINGS BOULEVARD, SARASOTA, FL 34231  
PHONE (941) 927-9000

**RELEASE FOR OUT-OF-COUNTY OR OVERNIGHT TRAVEL FOR ATHLETICS AND FIELD TRIPS**

**Instructions:** Form must be signed and notarized and returned to child's school. If you have questions pertaining to this form, contact your child's school.

Student Name (Print) \_\_\_\_\_ Student No. \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ School Year \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent/Guardian Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Other Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_ Policy Group No. \_\_\_\_\_

This application to travel and participate in activities or events sponsored by the Sarasota County Schools is entirely voluntary on our part and is made with the understanding that we have not violated any of the eligibility rules and regulations of the Florida High School Athletic Association or the Sarasota County Schools. It is also agreed that we will abide by all the rules set down by the School Board of Sarasota County, the Florida High School Athletic Association, and the school.

The School Board of Sarasota County, its school principals and teachers, desire that students and parents or guardians of students have a thorough understanding of the implications involved in a student participating in a voluntary extracurricular activity or curricular field trips. For this reason, it is required that each student in the Sarasota County Schools, his/her parent, parents, or guardian, read, understand, and sign this agreement prior to the student being allowed to participate in any out-of-county or overnight school trip.

1. I/We, the undersigned, as parent, parents or guardians, give my/our consent for the student identified herein to participate in out-of-county or overnight travel as a representative of his/her school. I/We, will not hold the School Board of Sarasota County, anyone acting in its behalf, or the Florida High School Athletic Association responsible or liable for any injury occurring to the named student in the course of such activities or such travel. I/We release the School Board of Sarasota County, its employees, and agents from all claims, including any claims, costs or damages arising from the negligence of the School Board of Sarasota County, its agents, or employees.
3. I/We understand that school officials will complete accident insurance forms, if the student has school insurance, after which all claims under insurance policy, or policies, for injuries received while participating in school events, shall be processed by the student, his/her parent, parents, or guardian through the company agent handling the student's insurance policy, and not through the school officials.
4. I/We hereby accept financial responsibility for equipment or instruments lost by the student identified herein.
5. I/We authorize the school to transport and to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the student in the course of such activities or such travel. I/We also agree that the expenses for such transportation and treatment shall not be borne by the school district or its employees.
6. I/We accept full responsibility and hereby grant permission for my/our son/daughter to travel on any approved school related trip. **This statement remains in effect until the end of this school year unless cancelled by me in writing to the school.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name (Print) \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

State of Florida  
County of Sarasota

Sworn to (or affirmed) and subscribed before me by means of  physical presence  online notarization, this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ by \_\_\_\_\_ (Name of Person Making Statement)

The foregoing instrument was acknowledged by \_\_\_\_\_ who is \_\_\_\_\_ personally know to me, or \_\_\_\_\_ produced Identification/Type of Identification \_\_\_\_\_

Notary Public Signature \_\_\_\_\_ Name of Notary Public: Print, Stamp, or Type as Commissioned \_\_\_\_\_

My Commission Expires \_\_\_\_\_ Commission Number \_\_\_\_\_