

Oxnard Union High School District - Athletic Physical & Consent Form

Annual Physical Examination

Area	Normal	Abnormal	Area	Normal	Abnormal
Ears/Nose/Throat			Heart		
Thyroid			Lungs		
Lymph Glands			Abdomen		
Skin			Hernia		
Orthopedic			Posture		
Skin			Muscular		

Athlete Name: _____ Date of Birth: _____

Ht: _____ Wt: _____ Pulse: _____ BP: _____ / _____ (_____ / _____) Vision Corrected: Y / N Pupils Equal: Y / N

ABNORMAL HISTORY/FINDINGS: _____

ALLERGIES: _____ REGULAR MEDICATIONS: _____

COMMENTS: _____

CLEARED FOR ATHLETICS NOT CLEARED -Reason: _____

Examiner Name: _____ * Signature: X _____ Date: _____

Address: _____ State License #: _____

Parent/Student Consent

I hereby give my consent for _____, hereafter named student, to compete in athletics. I authorize the student to go with and be supervised by a representative of the school on any trips. In case this student becomes ill or is injured, you are authorized to have the student treated and I authorized the medical agency to render treatment. I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under, the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or said hospital it is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of the school representative to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. This authorization shall remain effective until the end of the school year unless sooner revoked in writing and delivered to the school.

Parent Signature _____

Student Signature _____

Date _____

Grade

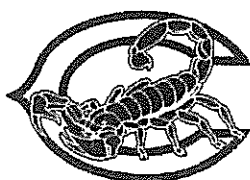
School:

First Name:

Sport(s):

Last Name:

Student ID#:



Camarillo High School 2017 Athletic Physicals Day

All athletes are required to have a sports physical prior to all summer/school year try-outs and participation in all sports. A team of Dignity Health medical doctors and nurses will be donating their time to conduct athletic physicals on campus. 100% of the proceeds will benefit ACHS Athletics. Physicals are good for one year, so this is a great opportunity to get your physical done early for the 2017-18 year.

Friday, June 9, 2017

At Camarillo High School, T-Buildings (near the bus barn)

6th Period Athletes	2:00 - 3:30 pm
Returning Athletes	3:00 - 5:00 pm
Incoming 9th Graders	4:00 - 6:00 pm

Cost: \$25

Cash, Check payable to ACHS Athletics or Credit Card

Register at AthleticClearance.com prior to the physical day. Bring a copy of the Annual Physical Examination form with Parent/Student signatures on the bottom with you on June 9th.

FREE SNACKS WILL BE PROVIDED!