

Steps to Athletics Clearance

No one can participate in any athletic activity, practice, or games until you have finished the clearance process and been cleared by the athletics office.

How can I get cleared?

1. Make an appointment with your doctor for a physical examination as soon as possible! Without medical clearance from a doctor, you cannot get cleared.
2. All students must create an account at www.athleticclearance.com.
 - A. Click on CA for the state, **Century High School** for the school.
 - B. Then click REGISTER to create an account. You will use your email as your user name and create a password you will easily remember. Please save your password to your phone or write it down and keep it in a very safe place so you can get it each time you need it. Password must contain at least 8 characters, and at least one lowercase letter, uppercase letter, number and special character.
 - C. After you log in, please watch the step by step video before you start.
 - D. For each screen, at the top you can choose the language that is easiest for either yourself or your parents. The screen will be translated to the language you choose.
 - E. **After you finish all the online information and electronic signatures**, there are 2 documents to turn in; it is not necessary to scan and upload any more than the 2 listed. You can print them from www.athleticclearance.com . They are: 1 Signed, stamped, and dated **(BY THE DOCTOR)** 2023-2024 physical exam form (Kaiser provides its own electronically signed physical form for its patients. If you have that form you must also print and sign the 2023-2024 Century Physical Form); 2. SAUSD Insurance form and liability acceptance page.
 - F. Take pictures or scan the 2 required documents. Make sure you get the ENTIRE page in your scan or picture. Make sure the pictures are not blurry or too dark.
 - G. Upload the completed physical and the completed athletic insurance page. **Upload each document one at a time and click save after each document is uploaded.** All signatures must either be signed in ink or electronically signed like when you pay for something with a credit card at a store. **DO NOT TYPE IN SIGNATURES!** We will not accept typed in signatures.
 - H. Once you finish uploading click save.
 - I. Once the athletics staff has reviewed your clearance packet will either be cleared or denied. If you are denied you and your coach will receive an email detailing why you are denied.

What if I do not have insurance or Medi-Cal Coverage?

First, be aware that California now offers coverage to all people until their 19th birthday through California Health for All REGARDLESS OF Residence status. Latino Health Access (714) 542-7792 450 W. 4th Street # 130 can help you apply. For those who must purchase activity insurance, go to www.k12specialmarkets.com. Coverage is very basic and applies to injuries only.

Century High School 2023-2024

ATHLETICS MEDICAL SCREENING FORM

Last Name: _____ First: _____ DOB: _____ Gender (circle one) Male / Female

Student ID # _____ Grade: _____ Sport(s): _____

HEALTH HISTORY : TO BE COMPLETED BY STUDENT-ATHLETE AND PARENT PRIOR TO MEDICAL SCREENING EVALUATION.

Head injury, concussion, loss of memory, unconsciousness, persistent headaches	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bone/joint disorders (broken bones, dislocations, swelling, disease, surgery, arthritis)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Anemia, leukemia, bleeding disorders	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Kidney/bladder problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Eye problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ulcers, stomach trouble	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heart trouble, heart murmur, high blood pressure, rheumatic fever	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Asthma, tuberculosis, bronchitis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ulcers, stomach trouble	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Allergies (Foods, medicines, insects, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Seizures, dizzy spells, fainting or convulsions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diabetes, hepatitis, jaundice	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hernia	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Taking medication regularly (If yes, please list medication, dose, and frequency below)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
COVID 19	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, please provide details:

MEDICAL SCREENING EVALUATION: MUST BE COMPLETED BY YOUR PHYSICIAN AND DATED AFTER MAY 1ST OF THE CURRENT SCHOOL YEAR.

<input type="checkbox"/> CLEARED FOR FULL PARTICIPATION	<input type="checkbox"/> NOT CLEARED FOR PARTICIPATION: SPECIALIST CLEARANCE/FOLLOW UP REQUIRED					
MD RECOMMENDATIONS OR RESTRICTIONS:						
BP	HR	HT	WT	EYE CHART: R L	GLASSES/CONTACTS	BRACES/TEETH
HEENT	HEART	LUNGS	ABDOMEN	HERNIA	BACK	EXTREMITIES
MD PHONE NUMBER ()			MD PRINT NAME		MD STAMP (REQUIRED)	
DATE			MD SIGNATURE (REQUIRED)			

PARENT CONSENT, ACKNOWLEDGEMENT, AND SIGNATURE

CONSENT: By signing below, I hereby give my permission for a screening evaluation.

ACKNOWLEDGEMENT: I hereby give my consent for [above named student], 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. **I furthermore acknowledge that I have reviewed and provided online signatures at athleticclearance.com for all SAUSD and Century Athletics forms and waivers to participate in sports.**

Parent Signature _____

Date _____

Athletics Insurance

Student's Name: _____

Student ID #: _____ Grade In School: _____

THIS FORM MUST BE ON FILE WITH THE SCHOOL OF ATTENDANCE FOR VERIFICATION OF ELIGIBILITY PRIOR TO PARTICIPATION IN ANY ATHLETIC EVENT

NOTE: The California Education Code requires that every student have \$1,500 accidental medical insurance in order to participate in Athletics (Education Code 32220-24)

PROOF OF HEALTH INSURANCE SECTION I

My medical coverage insurance policy is for at least \$1,500 and is issued by:

(Insurance Company Name)

(Policy Number)

I further assure that the insurance policy or policies I hereby verify will remain current and in force during the time the above named student performs any function within the scope of Education Code Sections 32220-24 and 35330-31 during the current school year.

I DO NOT have medical Insurance as indicated above in order to meet the requirements of the California law. I purchased school insurance online. Check the appropriate response(s) below:

_____ TACKLE football Insurance (Covers Tackle Football ONLY)

_____ School Time Insurance (Covers sports other than Football)

_____ Full Time Insurance (Covers sports other than Football)

\$ _____ Amount of Insurance Purchased

Please attach a copy of the student insurance card you purchased online to this packet.

INDEMNIFICATION SECTION II:

I agree to indemnify and hold the Santa Ana Unified School District harmless against responsibility for insurance coverage required under the aforementioned Education Code Sections. By signing this statement, I agree to accept responsibility for all medical cost incurred for the above named pupil while participating in the school athletics program. YOUR ATTENTION IS DIRECTED TO THE FACT THAT MANY INSURANCE POLICIES EXCLUDE TACKLE FOOTBALL PLEASE CHECK YOUR POLICY CAREFULLY OR CONSULT YOUR INSURANCE CARRIER.

MEDICAL AUTHORIZATION SECTION III:

TO WHOM IT MAY CONCERN: I the undersigned being the parent or legal guardian of the above named student do hereby grant to any hospital, emergency center, doctor, nurse, and/or paramedic, authorization to grant treatment to my child, when accompanied by or escorted to the treating facility by a teacher, coach, teacher's aide, principal, assistant principal or any member of the Santa Ana Board of Education. Further, should the attending physician determine after the examination that life saving surgery or other life saving procedures may be necessary, permission is hereby extended to the above parties to grant same. Additionally, I agree to hold harmless such personnel and Santa Ana Board of Education by my action of granting said permission.

COMPETITIVE ATHLETIC PARTICIPATION WARNING SECTION IV:

Participation in competitive athletics may result in severe injury, including paralysis, or death. Changes in rules, improved conditioning programs, better medical coverage and improvements in equipment have reduced these risks BUT IT IS IMPOSSIBLE TO TOTALLY ELIMINATE SUCH OCCURRENCES FROM ATHLETICS. Players can reduce the chance of injury by obeying all safety rules in their sport, reporting all physical problems to their coaches, following conditioning program and inspecting their own equipment daily. DAMAGED EQUIPMENT MUST BE REPLACED IMMEDIATELY EVEN IF ALL THESE REQUIREMENTS ARE MET AND EVEN IF THE ATHLETE IS USING EXCELLENT PROTECTIVE EQUIPMENT A SERIOUS ACCIDENT MAY STILL OCCUR AS A CONDITION OF PARTICIPATION IN ATHLETICS BY

(Print name of student) _____

WE ACKNOWLEDGE THAT WE HAVE READ AND UNDERSTAND THIS WARNING STATEMENT:

Printed Name of Student

Signature of Student

Date

Printed Name of Parent or Guardian

Signature of Parent or Guardian

Date