

Confirmation Message

Temecula Valley

| 2023-24

Dear Student-Athlete and Parent:

This message is to confirm consent forms, and physically cleared to participate.

For students interested in

The final step in this process is digital signatures. Please complete the forms.

I hereby give my consent and be supervised by a registered nurse to have the student treated a medical, or surgical diagnosis, general or special supervision medical staff of an accredited 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.

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Your signature also verifies that you and [student] initialed the following documents digitally on athleticclearance.com:

1. Activities/Athletic Rules
2. Code of Ethics
3. Concussion Information Sheet
4. Consent for Treatment by Athletic Trainer
5. Hold Harmless and Indemnification Agreement
6. Injury Warning to Athletes & Parents/Guardians
7. Insurance Statement
8. NCAA Coversheet - Acknowledgement and Clearance
9. NCAA Eligibility
10. Social Media Acceptance Policy
11. Statement of Consent
12. Sudden Cardiac Arrest Information Sheet
13. Victory with Honor: Code of Conduct for Parents/Guardians

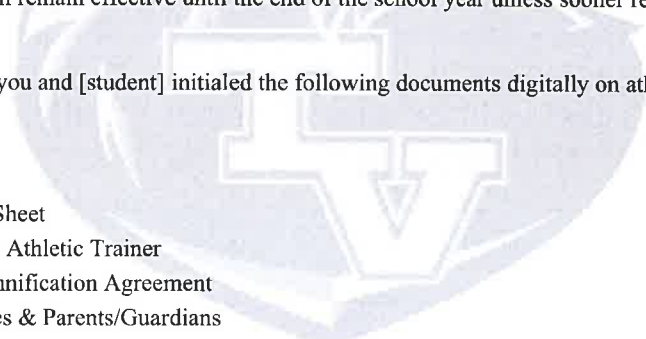
Parent Signature _____

Student Athlete Signature _____



EXAMPLE

THE ONLINE CLEARANCE MUST BE COMPLETED
FOR THE 2023-2024 SCHOOL YEAR
YOUR CONFIRMATION PAGE MUST HAVE
A LIVE SIGNATURE FROM BOTH PARENT/GUARDIAN
AND STUDENT ATHLETE



cess. The information, ent-athlete has been
to help you.
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aid physician or said a



HISTORY FORM (should be filled out by the student and parent/guardian prior to the physical examination)

Name _____ Sex _____ Age _____ Date of birth _____
 Grade _____ School _____ Sport(s) _____
 Home Address _____ Phone _____
 Personal physician _____ Parent Email _____

PPE is required annually and shall not be taken earlier than May 1 preceding the school year for which it is applicable.

Medicines and Allergies: Please currently taking: _____

Do you have any allergies? Yes
 Medicines
 What was the reaction? _____

bal and nutritional) that you are _____
 No Medications
 nsects _____

Explain "Yes" answers below. Cix

General Questions

1. Have you had a medical condition c sports physical?
2. Has a doctor ever denied or restrict reason?
3. Do you have any ongoing medical c below:
 Asthma Anemia Di
 Other: _____
4. Have you ever spent the night in the
5. Have you ever had surgery?

Heart Health Questions About Yo

6. Have you ever passed out or nearly exercise?
7. Have you ever had discomfort, pain during exercise?
8. Does your heart ever race or skip t cise?

9. Has a doctor ever told you that you nave any heart problems? If so, check all that apply:
 High blood pressure A heart murmur
 High cholesterol A heart infection
 Kawasaki disease Other: _____

10. Has a doctor ever ordered a test for your heart? (For example, ECG/ EKG, echocardiogram)
11. Do you get lightheaded or feel more short of breath than expected during exercise?
12. Have you ever had an unexplained seizure?
13. Do you get more tired or short of breath more quickly than your friends during exercise?

Heart Health Questions About Your Family

14. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?
15. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?
16. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?
17. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?

Bone And Joint Questions

18. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?
19. Have you ever had any broken or fractured bones or dislocated joints?
20. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?
21. Have you ever had a stress fracture?
22. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)
23. Do you regularly use a brace, orthotics, or other assistive device?
24. Do you have a bone, muscle, or joint injury that bothers you?
25. Do any of your joints become painful, swollen, feet warm, or look red?
26. Do you have any history of juvenile arthritis or connective tissue disease?

EXAMPLE

THIS FORM CAN BE PRINTED FROM THE ONLINE WEBSITE UNDER THE ATHLETICS TAB OR PICKED UP FROM THE ACTIVITIES/ ATHLETICS OFFICE IN ROOM # 201 IT MUST BE FILLED OUT & SIGNED BY BOTH THE PARENT/GUARDIAN & ATHLETE PRIOR TO THE PHYSICAL

<https://www.tvusd.k12.ca.us/domain/11894>

	Yes	No
breathing during or after		
asthma medicine?		
asthma?		
g a kidney, an eye, a testicle ?		
or hernia in the groin area?		
(mono) within the last month?		
, or other skin problems?		
ection?		
ussion?		
of sports or school?		

38. Do you have headaches with exercise?
39. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling (Stinger/Burner/Pinched Nerve)?
40. Have you ever been unable to move your arms or legs after being hit or falling?
41. Have you ever become ill while exercising in the heat?
42. Do you get frequent muscle cramps when exercising?
43. Do you or someone in your family have sickle cell trait or disease?
44. Have you had any problems with your eyes or vision?
45. Have you had any eye injuries?
46. Do you wear glasses or contact lenses?
47. Do you wear protective eyewear, such as goggles or a face shield?
48. Do you worry about your weight?
49. Are you trying to or has anyone recommended that you gain or lose weight?
50. Are you on a special diet or do you avoid certain types of foods?
51. Have you ever had an eating disorder?
52. Do you have any concerns that you would like to discuss with a doctor?

Females Only

53. Have you ever had a menstrual period?
54. If yes, are you experiencing any problems or changes with athletic participation (i.e., irregularity, pain, etc.)?
55. How old were you when you had your first menstrual period?
56. How many periods have you had in the last 12 months?

Explain "yes" answers here



I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM


Name _____

Date of Birth _____

EXAMINATION		
Height: _____	Weight: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP: _____ / _____ (_____ / _____, _____ / _____)	Pulse: _____	Vision: R 20/ _____ L 20/ _____ Corrected: Y N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils • Hearing		
Lymph nodes		
Heart • Murmur • Location		
Pulses • Simultaneous		
Lungs		
Abdomen		
Genitourinary		
Skin • HSV, lesions		
Neurological		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder		
Elbow/forearm		
Wrist/hand		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional Duck-walk		

PURCHASE YOUR TICKETS:
PURCHASE YOUR TICKET THROUGH GO FAN
UNDERNEATH THE ATHLETICS TAB IN "TICKET SALES"
SHOW A COPY OF YOUR DIGITAL TICKET AT CHECK IN

EVENT ALERT: REMEMBER YOU MUST BE REGISTERED ON HOME CAMPUS



Temecula Valley High School Events
TVHS PHYSICAL DAY
Physicals
Sat, Jun 3, 2023 at 9:00 AM

party present

- Cleared
- Cleared
- NOT Cleared
 - Pending further evaluation
 - For any sports
 - For certain sports _____

Reason: _____

Recommendations: _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete 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 athlete (and parents/guardians).

Name of Physician: _____

Date _____

Address: _____

Phone _____

Signature of Physician: _____ MD, DO, PA or NP

STAMP REQUIRED FOR VERIFICATION

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