



ATHLETICCLEARANCE.COM

School Year 2020-2021

New to AthleticClearance; Returners go to page 2



2020-2021 CLEARANCE GUIDE

1. Go to www.AthleticClearance.com – select CA



2. Click on the **Registration** button at the bottom; Using parent/guardian's info and email, create an account

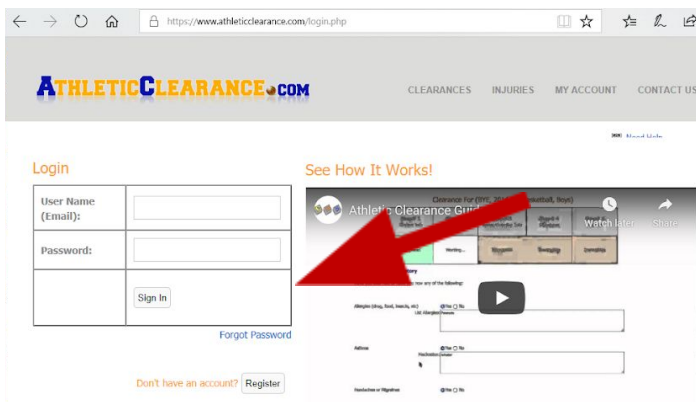
3. Once you've created an account, you'll see the following:

4. Click on the **"Start Clearance Here"** button, choose correct year, Millikan HS as the school and select the sport your child will play. If you student plays multiple sports, select the first sport in season.

There are 4 parts of online information and signatures that you need to complete... you will be REQUIRED to UPLOAD the athlete's physical exam form. In the last section, please check off any other sports your athlete MAY play during the school year. Once you complete the online portion, a confirmation page will generate. **Submit your Confirmation Page + Physical Exam to the ATHLETIC CLEARANCE INBOX located at Millikan's main gate (an inbox has been placed on a table).** **Sample of confirmation page and physical form provided on page 3. PLEASE DO NOT SUBMIT INCOMPLETE PACKETS. The clearance process can take up to 2 weeks after packet submission.*

RETURNERS TO ATHLETICCLEARANCE.COM

1. Instead of creating a new account log in, use your existing account information from the previous school year.



2. After logging in you, click on **Start Clearance Here!**



3. At the top of step #1 you will see a pull down option labeled "Select Student"; Select the name you wish to complete the clearance and some of your information will auto-fill from the previous year's clearance. There are 4 parts of online information and signatures that you need to complete... you will be REQUIRED to UPLOAD the athlete's physical exam form. In the last section, please check off any other sports your athlete MAY play during the school year. Once you complete the online portion, a confirmation page will generate. **Submit your Confirmation Page + Physical Exam to the ATHLETIC CLEARANCE INBOX located at Millikan's main gate (an inbox has been placed on a table).** **Sample of confirmation page and physical form provided on page 3.*

CONFIRMATION VS. CLEARANCE EMAILS

You will receive a confirmation email once you have finished the online registration for your athlete. Your athlete is **NOT CLEARED** until the confirmation page and physical exam has been submitted and reviewed by the athletic secretary. *If there is any incomplete clearances, you will be notified through email from the Athletics Department.

CONFIRMATION EMAIL

From: Athletic Department <noreply@home-campus.com>
Date: August 25, 2020 at 10:19:46 AM PDT
To:
Subject: Millikan Registration Confirmation

Dear Jane Ram,

This message is to let you know Joe Ram has started the Athletic Clearance process to participate in Soccer, Boys for Millikan.

Please verify that you have uploaded your completed physical and completed all the necessary online forms and correct signatures on the signature sections. The final step in this process requires parent and student signatures in agreement of the consent to participate. Please read, sign and return to the Athletic office along with your completed **SIGNED CONFIRMATION PAGE** and the original **PHYSICAL EXAM FORM** that was uploaded online.

CLEARANCE EMAIL

From: Athletic Department <noreply@home-campus.com>
Date: August 25, 2020 at 11:16:07 AM PDT
To:
Subject: Student Clearance

Dear Jane Ram,

This message is to let you know Joe Ram has been cleared to participate in Soccer, Boys for Millikan.

Thank You,

Athletic Department

SAMPLE OF CONFIRMATION PAGE AND PHYSICAL FORM

Instead of submitting your confirmation and physical to the main office, due to COVID restrictions, please **Submit your Confirmation Page + Physical Exam to the ATHLETIC CLEARANCE INBOX located at Millikan's main gate (an inbox has been placed on a table).**

ATHLETIC CLEARANCE.COM

INJURIES MY ACCOUNT CONTACT US SIGN OUT
CLEARANCES

Millikan
 Section: CIF-SS
 Address: 2800 Snowdon Ave, Long Beach CA 90815
 Tel: (562) 425-7441-4148

NO IMAGE AVAILABLE

[Back To Clearances](#)

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.

Date _____

Parent Signature _____

Student Signature _____

Nurse Signature _____ Physical Expiration: _____

Athletic Secretary Initials _____ GPA _____ CLEARED _____ UNCLEARSED _____

NOTED: _____

Thank You,
 Millikan High School
 Athletic Department

PARTICIPATION PHYSICAL EXAMINATION FORM

This form must be completed (all areas), signed by a physician, stamped with agency/office stamp and returned to the School Nurse before athletic/sports group clearance can be issued.

LAST NAME: _____ FIRST NAME: _____ Date of Birth: _____

Sports: _____ GRADE: _____

ALLERGIES: _____ MEDICATIONS: _____

CIRCLE ANY OF THE FOLLOWING THAT APPLY: DIABETES SEIZURES ASTHMA HEART CONDITION

DATE OF PHYSICAL EXAMINATION: _____ Height: _____ Weight: _____ Pulse: _____ BP: _____

Hearing: ☐ Passed Right/Left <25 dB's all frequencies Vision: R 20/____ L 20/____ Both 20/____ Corrected?: Y N
☐ Failed ☐ Not Done

MEDICAL	NORMAL	ABNORMAL FINDINGS
General Appearance		
Eyes/ears/nose/throat		
Hearing		
Lymph nodes		
Heart		
Murmurs		
Pulses		
Legs		
Abdomen		
Genitourinary (males only)		
Skin		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back (including scoliosis screen)		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		

Hearing a third party present is recommended for the genitourinary examination.

Assessment: _____

☐ Cleared for all sports without restrictions.
☐ Not cleared - Reason: _____
☐ Deferred - Requires further evaluation - Reason: _____

Agency/Office stamp here

Name of physician (print) _____ Address: _____ Telephone: _____

Signature of Physician _____ M.D. or D.O. Today's date: _____
 (Must be a licensed medical doctor)