



**OXNARD UNION HIGH SCHOOL DISTRICT**  
*Students First: every day, every school, every classroom*

## ATHLETIC CLEARANCE PACKET

Please complete and sign all forms inside

- 1. Student-Athlete Information (Provide Information)
- 2. Declaration of Insurance (Provide Information)
- 3. Parent Authorization/Consent (Athlete & Parent Signature)
- 4. Athletic Code of Ethics (Athlete & Parent Signature)
- 5. Medical History (Provide Info & Parent Signature)
- 6. Physical Examination (Physician's Signature)
- 7. Concussion Awareness (Athlete & Parent Signature)
- 8. Emergency Cards (3) (Provide Info & Parent Signature)

**BILINGUAL**

ID#:

First Name:

Last Name: