



Pre-Clearance Form

Oxford College of Emory University
Dept. of Athletics and Recreation
Amanda B Conway MS, ATC
100 Hamil St

Scott Morrell MD - Team Physician
Brandon Feldman – Athletic Director
Head Athletic Trainer
Oxford, GA 30054

Dear Parents/Guardians and Prospective Student-Athletes,

In accordance with NJCAA regulations, prospective student-athletes must receive clearance from a physician prior to participation in tryouts for any intercollegiate sport. Please return this form to Oxford College of Emory University Sports Medicine prior to August 1. **You will not be permitted to participate until all the information listed in the box below has been received.**

Please carefully read the information regarding mandatory health insurance for all Oxford College of Emory Students. (www.emory.edu/UHS/Mandatory_Insurance2006.htm). Your personal health insurance is primary for all costs related to intercollegiate athletic injuries. After you read these claim procedures, please sign and return this form, which acknowledges that you read and understood the information. **We will not accept faxed documentation, please mail originals.**

The medical information requested by Oxford College of Emory University Sports Medicine is in addition to, and not in place of, medical information requested of all students by Emory University Student Health Services. Please be sure to complete your Student Health Services medical information forms as well, which will arrive by mail in a separate packet. Please contact me if you have any questions regarding this information or any other aspect of our sports medicine program.

REQUIRED INFORMATION CHECKLIST

- _____ I have enclosed an enlarged copy of the medical insurance card. (front and back)
- _____ I have listed all pre-existing conditions, prescription medications and enclosed medical records for any conditions which I (or my son/daughter if under age 18) will require further treatment.
- _____ I have completed the Student Athlete, Emergency Contact, and Primary Physician Information on the back.
- _____ I have completed the Pre-Participation Exam portion on the back and it is signed by the Physician.

(Print Name) _____ (Sign) _____ (Date) _____

STUDENT ATHLETE INFORMATION

Student Athlete's Name: _____ Sport(s): _____

DOB: _____ Home Phone #: _____

Address: _____ SSN: _____

_____ Student ID: _____

EMERGENCY CONTACT

Parent/Guardian's Name(s) _____

Mother's Work # _____ Mother's Cell # _____

Father's Work # _____ Father's Cell# _____

PRIMARY PHYSICIAN

Name: _____ Phone #: _____

- *This should be the same as who complete the Pre-Participation Clearance Information.*

Medications: _____

PreExistingConditions: _____

Allergies: _____
