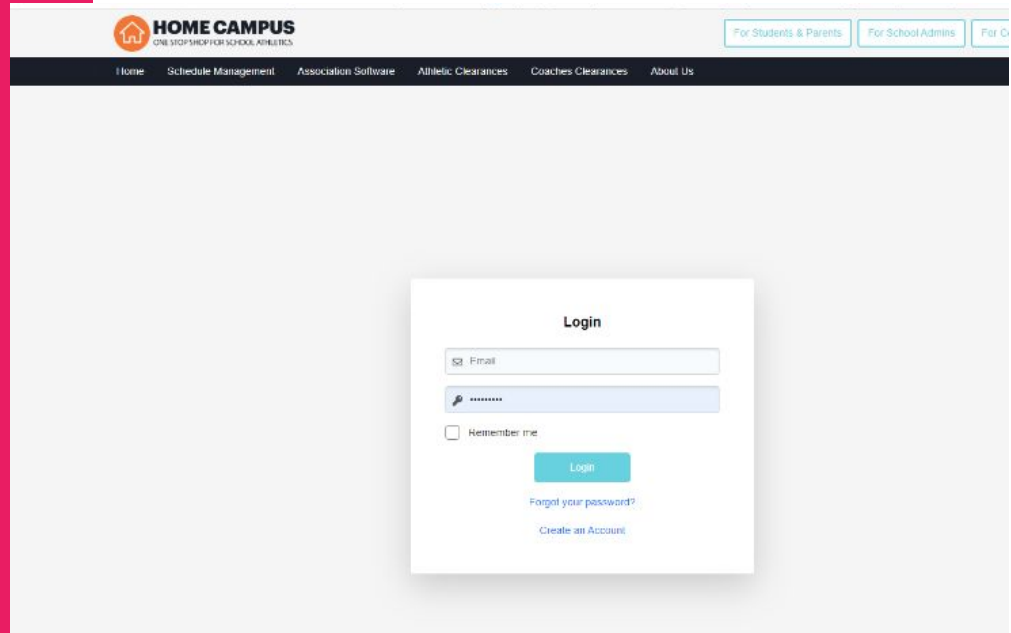


Athletic Clearance

Tutorial

STEP 1

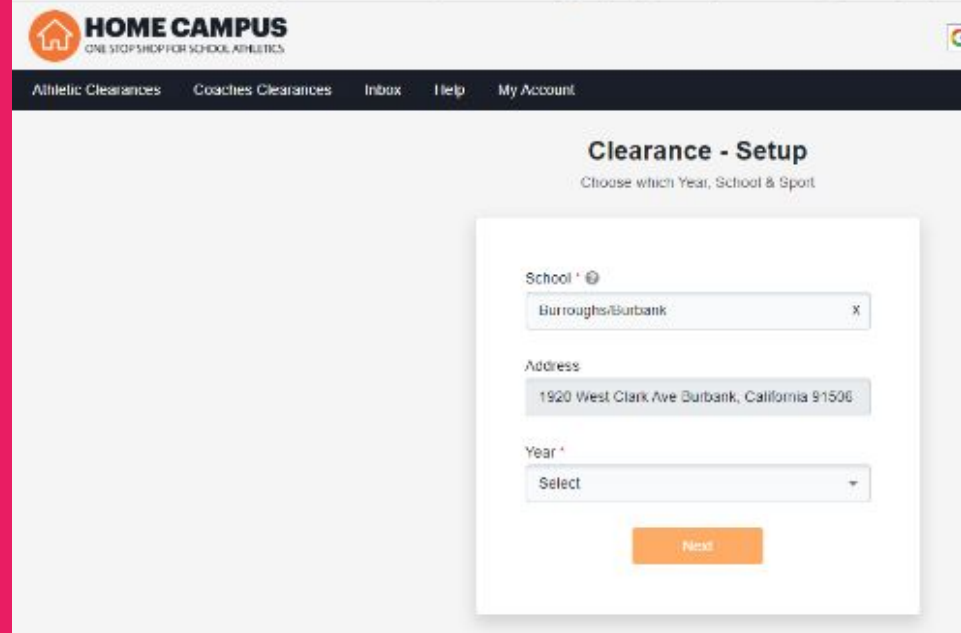
- Create an account at homecampus.com/login
- If you already have one, just login and most information will self-populate



STEP 2

- Start your clearance with...
 - YEAR: 2023-2024
 - School: (Burroughs/Burbank)
 - Sport: Basketball

- Multi-sport athletes can pick their other sports at the end of the process.



The screenshot shows the 'HOME CAMPUS' website header with the tagline 'ONE STOP SHOP FOR SCHOOL ATHLETICS'. Below the header is a navigation bar with links for 'Athletic Clearances', 'Coaches Clearances', 'Inbox', 'Help', and 'My Account'. The main content area is titled 'Clearance - Setup' with the instruction 'Choose which Year, School & Sport'. The form contains three input fields: 'School' with a dropdown menu showing 'Burroughs/Burbank', 'Address' with a text field containing '1920 West Clark Ave Burbank, California 91506', and 'Year' with a dropdown menu showing 'Select'. A blue 'Next' button is located at the bottom right of the form.

STEP 3

- Follow Steps 1-5
 - 1 = Student info
 - 2 = Medical history
 - 3 = Parent info
 - 4 = Signatures
 - 5 = Donations
- You do not have to make donations through this site. Donations and fundraisers can be made through the coach and other activities throughout the year.

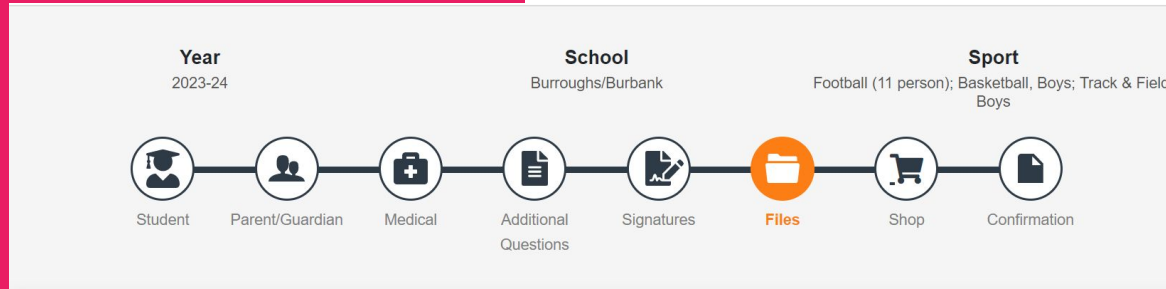
Burroughs/Burbank [+ Sport](#)

Year	Sports	Status	Student	Submitted by
2023-24	Football (11 person)	Pending		
2023-24	Basketball, Boys	Pending		
2023-24	Track & Field, Boys	Pending		

Progress Bar: Student, Parent/Guardian, Medical, Additional Questions, Signatures, Files, Confirmation

Uploads

Physical forms are uploaded on this page.



Files

- When uploading, make sure to click "Upload Forms" after selecting Physical Form file to upload.
- Make sure that the official Physical Form is completely filled out, signed by Parent/Guardian, signed and **stamped** by the Physician. If a stamp is not available, Physician's business card is also accepted.
- Clearance to participate will be delayed if incomplete/incorrect forms are uploaded. You will receive an email if such is the case. You will also receive an email when student is cleared.
- Completion of the process is NOT an automatic clearance. Please give at least 48 hours to hear about your student's status.



Physical Form

- You MUST fill out all sections.
 - Parent signature
 - Doctor's signature
 - Doctor's stamp

Burbank Unified School District
Athletic Emergency/Medical Information & Participation Form
PLEASE USE A BLACK OR BLUE BALL POINT PEN

Name (Student Athlete): _____ Address: _____
City: _____ State: _____ Zip Code: _____ Home Phone: (____) _____ Today's Date: _____
Grade: _____ Age: _____ Date of Birth: _____ Sex: _____ ID Number: _____
Father's or Guardian Name: _____ Employer: _____ Phone: (____) _____
Mother's or Guardian Name: _____ Employer: _____ Phone: (____) _____
Emergency Phone: (____) _____ Family Physician: _____ Phone: (____) _____
Health Insurance Provider: _____ Policy # _____ Does the insurance cover football? Y N
School attended previous semester: _____ Place of Birth: _____
List all schools attended in the last 12 months: 1) _____ 2) _____ 3) _____

CHECK ALL SPORTS IN WHICH THIS STUDENT WILL PARTICIPATE IN:

FALL	WINTER	SPRING	YEARLONG		
<input type="checkbox"/> Football	<input type="checkbox"/> Soccer	<input type="checkbox"/> Softball	<input type="checkbox"/> Boys Golf	<input type="checkbox"/> Pep Squad	<input type="checkbox"/> Drama
<input type="checkbox"/> Cross Country	<input type="checkbox"/> Basketball	<input type="checkbox"/> Baseball	<input type="checkbox"/> Swim	<input type="checkbox"/> Dance Team	<input type="checkbox"/> MMA
<input type="checkbox"/> Girls Tennis	<input type="checkbox"/> Girls Water Polo	<input type="checkbox"/> Boys Tennis	<input type="checkbox"/> Track	<input type="checkbox"/> VMA	
<input type="checkbox"/> Boys Water Polo		<input type="checkbox"/> Boys Volleyball	<input type="checkbox"/> Powderpuff		

Medical History Questionnaire - This section must be completed by a parent or guardian. Name of Person Filling Out Form: _____

	Yes	No		Yes	No
1. Are you currently under a doctor's care for any reason?			15. Have you ever been dizzy or passed out due to the heat?		
2. Have you ever been hospitalized?			16. Do you have trouble breathing after exercise?		
3. Have you had surgery within the last 3 months?			17. Have you had any problems with your eyes or vision?		
4. Are you currently taking any medications or pills?			18. Do you wear glasses or contacts or protective eyewear?		
5. Do you have any known allergies (medications, bee stings, etc.)?			19. Do you use any special equipment (splints, neck rolls, mouth guards, etc.)?		
6. Have you ever been dizzy or fainted during or after exercise?			20. Has anyone in your family died of heart problems or sudden death before the age of 50?		
7. Have you ever had chest pain during or after exercise?			21. Do you have only one working organ of sexually paired organs? (eyes, kidneys, etc.)		
8. Have you ever had high blood pressure?			22. Have you ever experienced broken, dislocated, or had repeated swelling or pain of any bones or joints?		
9. Have you ever been told you have a heart murmur?			23. Have you ever had a sting, burner or pinched nerve?		
10. Have you ever had a racing heart or skipped heartbeats?			24. Have you had any medical problems or injuries? (asthma, mono, diabetes, etc.)		
11. Have you ever had a head injury?			25. Have you had any medical problems or injuries since your last physical?		
12. Have you ever been knocked unconscious?			26. Were there any special instructions or precautions given by the doctor?		
13. Have you ever had a seizure?			27. When was the date of your last tetanus shot?		

Are any of the following currently bothering you?
 Hand Wrist Elbow Forearm Hip Thigh Knee Ankle Shin/Calf Foot

Explain any "Yes" answers by question number. Indicate dates for each item and include any special instructions:

I have hereby stated to the best of my personal knowledge, the answers to the questions for the medical history questionnaire above to be true. I understand that by performing this examination, the undersigned physician will assume responsibility for medical care of this individual. I understand that this is only a pre-season screening and should in no way replace a complete physical by your physician as recommended. I have verified that I have read and understand all material presented and all information I have provided is correct and I give permission for my child or ward to receive a physical exam and to participate in athletics.

At the event, reasonable attempts will be made by the parent/guardian at the above phone numbers meets with no success. Full authorization is given for the administration of any treatment deemed necessary by a medical professional, the transfer of services either or ward to any medical professional, and the transfer of my/our services either or ward to any licensed hospital emergency clinic reasonably accessible. I understand 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 parent/guardian (authorities and alternate agents) to give reasonable care. Facts are provided concerning the student athlete's medical history which a medical professional should know.

Parent/Guardian Signature: _____ Date: _____

Physician's Report (to be filled out by Physician)

Date of last physical exam: _____
Blood Pressure: _____
Height: _____ Weight: _____ Pulse Rate: _____

Physician's Stamp Here

LIST ANY RESTRICTIONS THAT YOU HAVE STUDENT MAY HAVE: _____

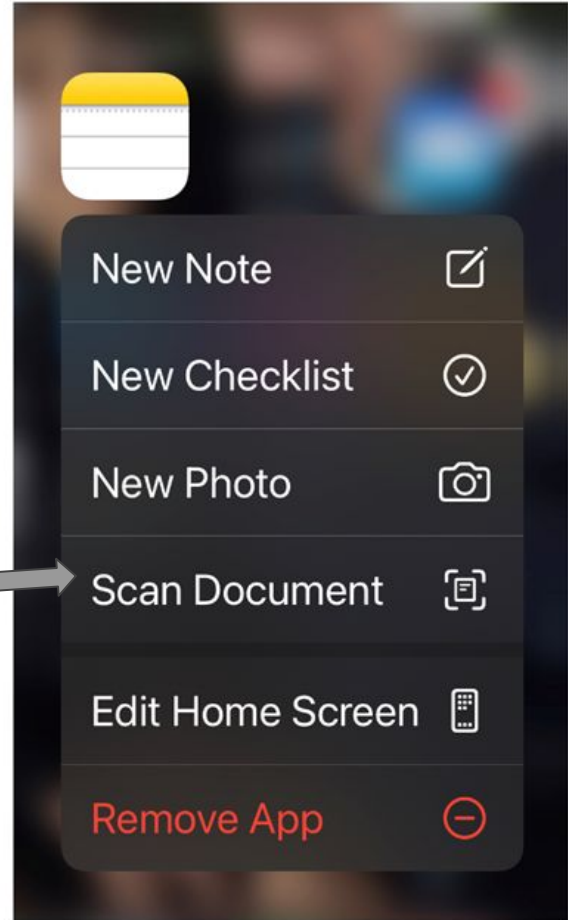
I hereby certify that the above named individual was examined by me on the above date and found physically fit to engage in interscholastic athletics.

Physician Signature: _____ Date: _____

Student Label Here

How to scan your forms?

- iPhones have a scanner
- There are other apps to download that scan too



When are you cleared?

When you receive an email confirmation saying
“CLEARED”

The Athletics Department checks clearances M-Th 8:00 am to 3:00 pm.

If you upload your clearance on the weekend, we will check on Monday.
