



MEDICAL HISTORY: Completed by Parent or Guardian or 18-Year-Old

Student Name: _____ Date of Birth: _____

Doctor: _____ Doctor's Phone: _____ Date of Exam: _____

GENERAL QUESTIONS, HEART HEALTH QUESTIONS ABOUT YOU, HEART HEALTH QUESTIONS ABOUT YOUR FAMILY, BONE AND JOINT QUESTIONS

MEDICAL QUESTIONS, FEMALE ONLY (Optional), CURRENT-YEAR PHYSICAL = GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR

PHYSICAL EXAMINATION & MEDICAL CLEARANCE: Completed by MD, DO, PA or NP - RETURN DIRECTLY TO PATIENT

EXAMINATION: Height: _____ Weight: _____ Male Female BP: / Pulse: Vision: R 20/ L 20/ Corrected: Y N

Table with columns: MEDICAL, NORMAL, ABNORMAL, MUSCULOSKELETAL, NORMAL, ABNORMAL. Rows include Appearance, Eyes/Ears/Nose/Throat, Heart, Lungs, Abdomen, etc.

RECOMMENDATIONS:

I certify that I have examined the above student and recommend him/her as being able to compete in supervised athletic activities NOT crossed out below. BASEBALL - BASKETBALL - BOWLING - COMPETITIVE CHEER - CROSS COUNTRY - FOOTBALL - GOLF - GYMNASTICS - ICE HOCKEY - LACROSSE - SKIING - SOCCER - SOFTBALL - SWIMMING/DIVING - TENNIS - TRACK & FIELD - VOLLEYBALL - WRESTLING

EXAMINER Name of Examiner (print/type): _____ Date: _____ Signature of Examiner: _____ (Check One): MD DO PA NP

(DETACH HERE IF NEEDED TO ACCOMPANY STUDENT-ATHLETE)

EMERGENCY INFORMATION: COMPLETED BY PARENT or GUARDIAN or 18-YEAR-OLD

Student: _____ Grade: _____ Doctor: _____ Phone: (____) _____ IN EMERGENCY (1): _____ Home #: (____) _____ Cell #: (____) _____ IN EMERGENCY (2): _____ Home #: (____) _____ Cell #: (____) _____ Drug Reactions: _____ Current Medications: _____ Allergies: _____



PRE-PARTICIPATION PHYSICAL - CONSENT - INSURANCE

Shaded headline areas are to be completed by student, parent/guardian or 18-year-old

There are FOUR (4) signatures on this page [4] to be completed by student, parent/guardian and/or 18-year-old

A CURRENT-YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR

Student Name: LAST FIRST MIDDLE INITIAL
Student Address: STREET CITY ZIP
Gender: M F Age: Date of Birth: Place of Birth (City/State):
School: Circle Grade: 6 7 8 9 10 11 12
Father/Guardian Name:
Phone (home): (work): (cell):
Mother/Guardian Name:
Phone (home): (work): (cell):
Email Address: Parent/Guardian/18-Year-Old:

STUDENT PARTICIPATION & PARENT or GUARDIAN or 18-YEAR-OLD CONSENT

The information submitted herein is truthful to the best of my knowledge. By my/my child's signature below, I/we acknowledge that I/we have received concussion educational information that meets Michigan Department of Health and Human Services and MHSAA requirements.

Further, in consideration of my/my child's participation in MHSAA-sponsored athletics, I/we do hereby agree, understand, appreciate, and acknowledge: that participation in such athletics is purely voluntary; that such activities involve physical exertion and contact and that there is inherent risk of personal injury associated with participation in such activities, which risk I/we assume; and that I/we agree to, and hereby waive any and all claims, suits, losses, actions, or causes of action against the MHSAA, its members, officers, representatives, committee members, employees, agents, attorneys, insurers, volunteers, and affiliates based on any injury to me, my child, or any person, whether because of inherent risk, accident, negligence, or otherwise, during or arising in any way from my/my child's participation in an MHSAA-sponsored sport.

I/we understand that I am/we are expected to adhere firmly to all established athletic policies of my school district and the MHSAA. I/we hereby give my consent for the above student to engage in interscholastic athletics and for the disclosure to the MHSAA of information otherwise protected by FERPA and HIPAA for the purpose of determining eligibility for interscholastic athletics. My child has my permission to accompany the team as a member on its out-of-town trips.

1 Signature of STUDENT: Date:

2 Signature of PARENT or GUARDIAN or 18-YEAR-OLD: Date:

INSURANCE STATEMENT

Our son/daughter will comply with the specific insurance regulations of the school district.

The student-athlete has health insurance: YES NO

If YES, Family Insurance Co: Insurance ID #:

Additionally, I hereby state that, to the best of my knowledge, my answers to the medical history questions (see reverse) are complete and correct.

3 Signature of PARENT or GUARDIAN or 18-YEAR-OLD: Date:

(DETACH HERE IF NEEDED TO ACCOMPANY STUDENT-ATHLETE)

MEDICAL TREATMENT CONSENT: COMPLETED BY PARENT or GUARDIAN or 18-YEAR-OLD

I, an 18-year-old, or the parent or guardian of, recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary, and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then-existing circumstances and to assume the expenses of such care.

4 Signature of PARENT or GUARDIAN or 18-YEAR-OLD: Date: