MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION, INC.
MEDICAL HISTORY

• To be completed by parent or guardian or 18-year-old.
• Must be signed in three places by parent or guardian or 18-year-old.

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

STUDENT'S NAME: LAST	FIRST	SEX	GRADE	DATE OF BIRTH	AGE
				/ /	

STUDENT'S ADDRESS: STREET	CITY	ZIP

FATHER'S / GUARDIAN'S NAME	WORK PHONE	MOTHER'S / GUARDIAN'S NAME	WORK PHONE

FAMILY DOCTOR	OFFICE PHONE	HOME PHONE

INSURANCE STATEMENT & MEDICAL HISTORY

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

• Family Insurance Co. _____

• Contract # _____

• Signature of Parent or Guardian or 18-Year-Old: _____

HISTORY	YES	NO	HISTORY	YES	NO	HISTORY	YES	NO
Have you ever had:			**Have you ever had:**			**Do you now have:**		
Fainting			Kidney Disease			Painful Joints		
Diphtheria			Tuberculosis			Backaches		
Scarlet Fever			Jaundice			Pounding of Heart		
Rheumatism			Sickle-Cell Anemia			Shortness of Breath		
Rupture						Frequent Urination		
Rheumatic Fever						Cough		
			Do you now have:					
Poliomyelitis			Blurred Vision			Nosebleeds		
Pneumonia			Headaches			Frequent Sore Throats		
Asthma			Fainting			Stomach Pains		
Diabetes			Convulsions					
Heart Disease			Blackouts					

PHYSICAL EXAMINATION

To be completed by the examining MD, DO, Physician's Assistant or Nurse Practitioner & Returned directly to the patient. (Categories may be added or deleted; check appropriate column.)

SYSTEM	NORMAL	ABN.	SYSTEM	NORMAL	ABN.
Urinalysis			Thyroid		
Vision			Chest		
Blood Pressure			Lungs		
Pulse Rate			Heart		
Ears			Abdomen		
Nose			Hernia		
Throat			Genitalia / Testicular Exam		
Teeth - Cavities			Neurologic		
Orthopedic			Muscular		

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 - TENNIS - TRACK - VOLLEYBALL - WRESTLING

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

SIGNATURE OF EXAMINER: X

CIRCLE ONE: MD DO PA NP

PRINTED NAME OF EXAMINER:

DATE:

MEDICAL TREATMENT CONSENT

To be 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.

SIGNATURE OF PARENT OR GUARDIAN OR 18-YEAR-OLD DATE

X

STUDENT AND PARENT OR GUARDIAN CONSENT FORM

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

PLEASE PRINT:

STUDENT'S COMPLETE LEGAL NAME: LAST FIRST MIDDLE

STUDENT'S DATE OF BIRTH: MONTH DAY YEAR

PLACE OF BIRTH: CITY STATE

CIRCLE GRADE: 7 8 9 10 11 12

SCHOOL:

STUDENT PARTICIPATION

This application to participate in athletics is voluntary on my part and the information submitted is truthful to the best of my knowledge.

I have never received money or negotiable certificates for merchandise in any amount, nor any embelmatic award or merchandise worth more than twenty-five dollars ($25.00) for participating in athletic events, nor have I ever competed under an assumed name. After I have represented my school in any sport, I will not compete in any outside athletic contest in this sport until after my school season has been completed.

I understand that I am expected to adhere firmly to all established athletic policies of my school district and the Michigan High School Athletic Association, such as those previously mentioned above as examples but which do not present all the policies to which I am subject.

X _____ _____

SIGNATURE OF STUDENT DATE

PARENT OR GUARDIAN OR 18-YEAR-OLD CONSENT

I 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; and I understand the possibility that serious injury may result from participating in athletic activities. He/she has my permission to accompany the team as a member on its out-of-town trips.

I further understand that my son or daughter will be expected to adhere firmly to all established athletic policies of the school district and the Michigan High School Athletic Association.

X _____ _____

SIGNATURE OF PARENT OR GUARDIAN OR 18-YEAR-OLD DATE

This form must be on file in the school office before practicing with any athletic team.

(Please Print)

EMERGENCY INFORMATION - To be completed by Parent or Guardian or 18 yr. old

Student's Name: _____ Grade: _____

Phone: _____

IN EMERGENCY CONTACT: 1) _____ Phone: _____

or 2) _____

My Family Doctor Is: _____. Please detail any special medical information _____

(allergies, known drug reactions, current prescribed medications)