



MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION, INC.



MEDICAL HISTORY

- To be completed by parent or guardian or 18-year-old.
Must be signed below 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

Form with fields for Student's Name (Last, First, MI, Sex, Grade, Date of Birth, Age), Student's Address (Number and Street, City, ZIP), Name of Father or Guardian (Work Phone), Name of Mother or Guardian (Work Phone), Family Doctor (Office Phone), and Student's Home Phone.

MEDICAL HISTORY

Table with columns for General Questions, Your Family's Heart Health Questions, Medical Questions, Bone and Joint Questions, and Immunization History. Includes sub-sections for Females Only and Medical Questions.

INSURANCE STATEMENT AND CERTIFICATION

Our Son/Daughter will comply with the specific insurance regulations of the school district and the Medical History questions are as complete and correct as possible.

Family Insurance Co: _____ Contract #: _____

Signatures of Student: _____ & Parent/Guardian or 18 Year Old: _____

< DETACH HERE IF NEEDED TO ACCOMPANY STUDENT ATHLETE >

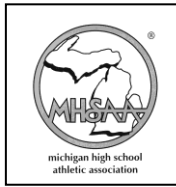
EMERGENCY INFORMATION - To Be Completed by Parent or Guardian or 18 Year Old

Emergency information form with fields for Student's Name, Grade, 1) IN EMERGENCY CONTACT or 2) CONTACT, Phone #, Cell #, Family Doctor, Phone, Allergies, Drug Reactions, and Current Medications.



MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION, INC.

PHYSICAL EXAM & CLEARANCE & CONSENT FORMS



- To be completed by parent or guardian or 18-year-old.
- Must be signed in **two** places on this page 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

PLEASE PRINT

Last			First			Middle			
STUDENT'S COMPLETE LEGAL NAME:									
STUDENT'S DATE OF BIRTH:			Month	Day	Year	PLACE OF BIRTH:		City	State
CIRCLE GRADE:			7	8	9	10	11	12	SCHOOL:

PHYSICAL EXAMINATION & MEDICAL CLEARANCE

To be completed by the examining MD, DO, PA or NP & Returned Directly to the patient. Categories may be added or deleted. Check Appropriate Column

EXAMINATION: (Circle Correct Response As Necessary)	Height:	Weight:	Male/Female	BP: /	Pulse:	Vision: R 20/	L 20/	Corrected: Yes No
MEDICAL	NORMAL	ABNORMAL FINDINGS	MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS			
Appearance: Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnoidactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			Neck					
Eyes/Ears/Nose/Throat: Pupils Equal Hearing			Back					
Lymph Nodes			Shoulder/ Arm					
Heart: Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI)			Elbow/Forearm					
Pulses: Simultaneous femoral and radial pulses			Wrist/Hand/Fingers					
Lungs:			Hip/Thigh					
Abdomen			Knee					
Genitourinary (Males Only)			Leg/Ankle					
Skin: HSV, lesions suggestive of MRSA, tinea corporis			Foot/Toes					
Neurologic:			Functional: Duck Walk					

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 & FIELD - VOLLEYBALL - WRESTLING

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

SIGNATURE OF EXAMINER: _____
 PRINTED NAME OF EXAMINER: _____
 DATE: _____

CIRCLE ONE
MD DO PA NP

STUDENT PARTICIPATION & PARENT OR GUARDIAN OR 18 YEAR OLD CONSENT

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 certificate for merchandise in any amount, nor any emblematic 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.

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.

Signature of STUDENT: _____ Date: _____
 Signature of PARENT: _____ Date: _____
 or GUARDIAN or 18 YEAR-OLD

----- < DETACH HERE IF NEEDED TO ACCOMPANY STUDENT ATHLETE > -----

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 _____

EDWARDSBURG PUBLIC SCHOOLS

69410 SECTION STREET
EDWARDSBURG, MI 49112
(269) 663-3055

PARENT AUTHORIZATION

I/We give permission for _____
(PRINT student's name)

to participate in organized interscholastic athletics, realizing that such activity involves the potential for injury which is inherent in all sports. I/We acknowledge that even with the best coaching, use of the most advanced protective equipment, and strict observance of rules, injuries are still a possibility. On rare occasions the injuries can be so severe as to result in partial or total disability, paralysis, quadriplegic, or even death.

I/We acknowledge that I/We have read and understand this warning.

Parent/Guardian Signature _____

Participant's Signature _____

Date _____

EMERGENCY INFORMATION — TO BE COMPLETED BY PARENT/GUARDIAN OR 18 YR. OLD

Student's Name _____ Grade _____

IN EMERGENCY CONTACT: 1. _____ Phone _____

2. _____ Phone _____

Family Doctor: _____ Phone _____

Please detail any special information _____

EDWARDSBURG PUBLIC SCHOOLS

REQUEST FOR PERMISSION TO WAIVE STUDENTS ATHLETIC INSURANCE

Name of Student _____

I understand the Edwardsburg Public Schools requires all students participating in athletics to be covered by an insurance program recommended by the Board of Education. Fully understanding and accepting all responsibility, and absolving the School Board and the School District of such responsibility, I hereby petition that my personal family health and accident insurance be acceptable to the School Board and the School District in lieu of the required insurance for my son/daughter. I further accept full responsibility for all obligations, financial or otherwise, which may result from any injuries that occur while participating in athletics during the school year.

I further certify I have read and fully understand my present health and accident insurance policy and am aware of its coverage and limitations in relation to injuries received as a result of participation in the athletic program by the aforesaid members of my family.

The insurance is carried with _____

And the agent servicing our policy is _____

(Name of Agent)

(Parent/Guardian)

(Parent/Guardian)

EDWARDSBURG PUBLIC SCHOOLS

STUDENT/ATHLETE INSURANCE

As a result of continual rate increases encumbered by the school district for student insurance premiums, Edwardsburg Public Schools will require, effective with the school year, those individuals who wish to participate in extra-curricular athletic activities to help defer these costs. This applies to both Middle School and High School athletic programs.

Athletic Insurance coverage may be purchased on a per activity or year-long basis as listed below. In addition, an Insurance Waiver is available for those families who wish to cover their child on their personal health insurance plan. Insurance is non-refundable.

Fall Season	Price
Cheerleading (Fall & Winter)	\$10.00 _____
Cross Country	\$10.00 _____
Football	\$10.00 _____
Boys Soccer	\$10.00 _____
Boys Tennis	\$10.00 _____
Volleyball	\$10.00 _____

Winter Season	Price
Boys Basketball	\$10.00 _____
Girls Basketball	\$10.00 _____
Wrestling	\$10.00 _____
MS-Basketball/Wrestling	\$10.00 _____

Spring Season	Price
Baseball	\$10.00 _____
Softball	\$10.00 _____
Girls Tennis	\$10.00 _____
Boys/Girls Track	\$10.00 _____
Golf	\$10.00 _____
Girls Soccer	\$10.00 _____

Options	Price
Three Seasons including Football	\$30.00 _____
Three Seasons NOT including Football	\$25.00 _____

Total Due \$ _____

Student/Athlete's Name _____

Grade _____

MAKE CHECKS PAYABLE TO EDWARDSBURG PUBLIC SCHOOLS

EDWARDSBURG PUBLIC SCHOOLS

ATHLETIC PERMISSION FORM

Your son/daughter has indicated an interest in interscholastic athletics. In order for him/her to compete, please read the attached sheets and fill out the following information. Middle School athletes are to return this sheet to the Middle School office and High School athletes to the High School office.

FAMILY INFORMATION ~ PLEASE PRINT

Student's Name _____ Grade _____ Phone _____

Address _____

Birthdate _____ Birthplace _____

Father's Name _____ Address _____

Place of Work _____

Mother's Name _____ Address _____

Place of Work _____

Phone number to call in an Emergency _____

Family Doctor's Name _____ Phone _____

City/Town _____

A.) In case of medical treatment a representative from the Athletic Department will contact you for permission and direction. If we are unable to contact you, we will provide the necessary aid (i.e. professional assistance emergency transportation and choice of hospital). I have read the above statement and agree to the procedure involved.

ATHLETE'S SIGNATURE _____

PARENT/GUARDIAN SIGNATURE _____

B.) I hereby give my permission to the Athletic Department to dispense any of the approved medications by mouth to my son/daughter in any emergency.

ATHLETE'S SIGNATURE _____

PARENT/GUARDIAN SIGNATURE _____

C.) I do not agree to the above procedures and will accept full responsibility in case medical treatment is necessary. **I do not want any medication given to my son/daughter under any circumstances.**

ATHLETE'S SIGNATURE _____

PARENT/GUARDIAN SIGNATURE _____

My signature is evidence that I have read the Edwardsburg Public School Athletic Code and am aware that it is in effect.

STUDENT'S SIGNATURE _____ **DATE** _____

(REQUIRED)