



Sports Physical Consent for Parents

Pre-participation physical exams cannot predict or guarantee that your child will be risk free while participating in a sport. As you might expect, there is a greater chance of injury in contact and collision sports. Additionally, routine sports physicals do not reveal some cardiac anomalies. Cardiac conditions may exist despite normal screening and examination findings. Participating in a sport may cause symptoms of undiagnosed conditions to occur and may even cause serious health problems, including sudden death.

I understand that there are potential dangers of sports participation including injury cardiac complications and other health problems that are previously undiagnosed.

I have read and understand the above statements.

Parent Signature

Date

SPORTS / CAMP PHYSICAL QUESTIONS YES NO

1. Have you ever been hospitalized overnight?
2. Do you ever have trouble breathing or become short of breath during or after exercise?
3. Have you ever passed out, been knocked out (unconscious), or had a seizure during or after exercise?
4. Have you ever had chest pain or experienced your heart skipping beat during or after exercise?
5. Has any family member or relative died of heart problems or sudden death before age 50?
6. Have you or a family member ever been told you have sickle cell disease or sickle cell trait?
7. Have you ever broken any bones or had a major joint injury?
8. Are you missing any paired organs? (AR you missing an eye, ear, la-mg, kidney, or testicle / ovary?)
9. Has a physician ever denied or restricted your participation in sport?
10. Do you have a chronic illness?

Emergency contact: Name _____ Phone _____

Explanation of YES answers above:

Legal Guardian Signature: _____ Date _____



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, Student's Home Phone.

INSURANCE STATEMENT AND MEDICAL HISTORY

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: _____

Table with columns for General Questions, Heart Health Questions About You, Your Family's Heart Health Questions, Bone and Joint Questions, Immunization History, Medical Questions, and Females Only. Includes 'YES' and 'NO' columns for each question.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature: _____ Of Student Signature of: _____ Parent/Guardian Date: _____

< DETACH HERE IF NEEDED TO ACCOMPANY STUDENT ATHLETE >

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

Emergency information fields: Student's Name, Grade, IN EMERGENCY CONTACT 1) or 2), Phone #, Cell #, Family Doctor, Phone, Allergies, Drug Reactions, 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 **three** 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, arachnodactyly, 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: _____ CIRCLE ONE MD DO PA NP
 PRINTED NAME OF EXAMINER: _____ DATE: _____

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 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.

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.

Signature of PARENT OR GUARDIAN OR 18 YEAR-OLD _____ Date _____

< 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 _____