

### **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.

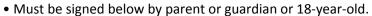
	Parent Signature	Date	
SP	PORTS / CAMP PHYSICAL QUESTIONS	YES	NO
1.	Have you ever been hospitalized overnight?		
2.	Do you ever have trouble breathing or become short of breath dur	ing or after exercise?	
3.	Have you ever passed out, been knocked out (unconscious), or had	d a seizure during or after 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 sudd	len 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 spo	rt?	
10	. Do you have a chronic illness?		
	planation of YES answers above:	Phone	_
Leg	gal Guardian Signature:	Date	



# MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION, INC.

#### **MEDICAL HISTORY**







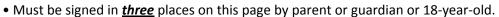
#### A CURRENT-YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR

LAST			FIRST	N	ΛI	SEX GRADE	DATE OF BIRTH	AG	E	
STUDENT'S NAME:					-					
NUMBER AND STR STUDENT'S ADDRESS:	EET				CIT	Y			ZIP	
NAME OF FATHER OR GUARDIAN	WORK PHONE NAME OF MOTHER OR GU	NAME OF MOTHER OR GUARDIAN WORK PHONE								
FAMILY DOCTOR	OFFICE PHONE STUDENT'S HOME PHONE	STUDENT'S HOME PHONE								
ISINI	IDΛ	NIC	E STATEMENT AND MED	IC A I	-	ISTORY				
								:1.1 .		
Family Insurance Co:			nce regulations of the school district and the M					oossibie	·•	
rainity histitatice Co.					COIIII	ict #				
Signatures of Student:			& Parent/Guardian or 18 Yea	r Old:				_ (		
GENERAL QUESTIONS	YES	NO	YOUR FAMILY'S HEART HEALTH QUESTIONS	YES	NO		CAL QUESTIONS	YES	NO	
Has a Doctor ever denied or restricted your participation in Sports for any reason?			Does anyone in your family have arrhythmogenic right ventricular cardiomyopathy, long QT syndrome?			Do you have any concerns that you would like to discuss with a doctor?				
Do you have any ongoing medical conditions? If so, please			Has any family member or relative died of heart			Were you born with				
Identify by Circling: Asthma Anemia Diabetes			Problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained				A kidney An eye Your spleen			
Infections Other:  Have you ever spent the night in the hospital?			car accident or sudden infant death syndrome) ?			Have you ever had a	Any other organ?			
Have you ever had surgery?			Does anyone in your family have catecholaminergic polymorphic ventricular tachycardia, short QT syndrome?			Do you worry about				
HEART HEALTH QUESTIONS ABOUT YOU	YES	NO	BONE AND JOINT QUESTIONS	YES	NO	Have you ever had a	head injury or concussion?			
Have you ever passed out or nearly passed out DURING or after exercise?			Have you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice or a game?			•	hit or blow to the head that caused dheadache, or memory problems?			
Have you ever had discomfort, pain, tightness or pressure			Have you ever had any broken or fractured bones or				umbness, tingling, or weakness in			
in your chest during exercise?  Do you get lightheaded or feel more short of breath than			dislocated joints?  Have you ever had an injury that required x-rays, MRI,				er being hit or falling? unable to move your arms or legs			
expected during exercise?			CT scan, injections, therapy, a brace or cast or crutches?			after being hit or fall	ing?			
Do you get more tired or short of breath more quickly than your friends during exercise?			Have you ever been told that you have neck instability or atlantoaxial instability (Down syndrome or dwarfism)?			Are you trying to or gain or lose weight?	has anyone recommended that you			
			Have you ever had an x-ray for neck instability or				diet or do you avoid certain			
For example: ECG/EKG, echocardiogram  Have you ever had an unexplained seizure or do you have			atlantoaxial instability (Down syndrome or dwarfism)?  Do you regularly use a brace, orthotics, or other assistive			types of foods?	ive eyewear, such as goggles, or a			
a history of seizure disorder?			device?			face shield?	ive eyewear, such as goggles, or a			
Does your heart ever race or skip beats (irregular beat) during exercise?			Do any of your joints become painful, swollen, feel warm or look red?			Do you or someone or disease?	in your family have sickle cell trait			
Has a doctor ever told you that you have high blood			Do you have any history of juvenile arthritis or				roblems with your eyes or vision			
pressure?  Has a doctor ever told you that you have high cholesterol?			connective tissue disease?  Have you ever had a stress fracture?			or had any eye injuri Do you wear glasses				
Has a doctor ever told you that you have Kawasaki disease?			Have you a bone, muscle, or joint injury bothering you?			Have you ever had h	erpes or MRSA skin infection?			
Has a doctor ever told you that you have other heart problems?			IMMUNIZATION HISTORY	YES	NO Have you had infectious mononucleosis (mon the last month?					
Has a doctor ever told you that you have a heart infection?			Are you missing any recommended vaccines (Tdap, Flu, MCV4, HPV, Varicella, MMR)			Do you have any ras problems?	hes, pressure sores, or other skin			
Has a doctor ever told you that you have a heart murmur?			MEDICAL QUESTIONS	YES	NO	Do You Have Any	•			
YOUR FAMILY'S HEART HEALTH QUESTIONS  Does anyone in your family have a heart problem,	YES	NO	Have you ever become ill while exercising in the heat?  Do you cough, wheeze, or have difficulty breathing				EMALES ONLY	YES	NO	
Pacemaker, or implanted defibrillator?			during or after exercise?			Have you ever had a	*			
Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, Brugada syndrome?			Do you have headaches or get frequent muscle cramps When exercising?			How old were you w menstrual period?	hen you had your first			
Anyone in your family had unexplained fainting?			Do you have pain, a painful bulge or hernia in the groin?				nave you had in the last			
Anyone in your family had unexplained seizures?  Anyone in your family had unexplained near drowning?			Is there any one in your family who has asthma?  Have you ever used an inhaler or taken asthma medicine?			twelve (12) months?				
		£	·	- h - · ·						
nereby state that, to the t	best c	)I III	y knowledge, my answers to the	abov	e qu	iestions are	complete and corre	ct.		
Signature:			Signature of:		Date:					
Of Student			Parent/Guardian						•	
< C	PETAC	H HE	RE IF NEEDED TO ACCOMPANY STU	DENT	ATH	LETE >				
EMERGENCY INFOR	MAT		N – To Be Completed by P	arer	nt o	r Guardia	n or 18 Year Ol	d		
			-							
		Dhono #.			Grade:					
IN EIVIERGENCY 1)				Phone #: Cell #:						
				Phone #: Cell #:						
Family Doctor:							e:			
Allergies:										



## MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION, INC. **PHYSICAL EXAM & CLEARANCE & CONSENT FORMS**







A CURRENT-YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR									
PLEASE PRINT									
Last		First		Mid	ddle				
STUDENT'S COMPLETE LEGAL NAME:									
STUDENT'S Month Day Year DATE OF BIRTH:	PLACE OF BIRTH:	City		Sta	ate				
CIRCLE GRADE: 7 8 9 10 11 12 SCHOOL:									
PHYSICAL EXAMINAT	FION &	MEDICAL CL	EARANCE						
To be completed by the examining MD, DO, PA or NP & Returned Dire					propriate Column				
EXAMINATION: (Circle Correct Response As Necessary) Height: Weight:	Male/Female		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,			Neck						
arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)  Eyes/Ears/Nose/Throat: Pupils Equal Hearing			Back Shoulder/Arm						
Lymph Nodes			Elbow/Forearm						
Heart: Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PM	I)		Wrist/Hand/Fingers						
Pulses: Simultaneous femoral and radial pulses			Hip/Thigh						
Lungs: Abdomen			Knee Leg/Ankle						
Genitourinary (Males Only)			Foot/Toes						
Skin: HSV, lesions suggestive of MRSA, tinea corporis			Functional: Duck Walk						
Neurologic:									
BASEBALL - BASKETBALL - BOWLING - COMPETITI ICE HOCKEY - LACROSSE - SKIING - SOCCER - SOFTBALI A CURRENT-YEAR PHYSICAL IS ONE GIVEN O SIGNATURE OF EXAMINER: PRINTED NAME OF EXAMINER:	L - SWIMMIN	IG - TENNIS - TRACK & F	IELD - VOLLEYBA ΓΗΕ PREVIOU	LL - WREST	TLING DOL YEAR CIRCLE ONE				
STUDENT	PART	ICIPATION							
This application to participate in athletics is voluntary on my part and the inform negotiable certificate for merchandise in any amount, nor any emblematic aware events, nor have I ever competed under an assumed name. After I have represe until after my school season has been completed. I understand that I am expect High School Athletic Association, such as those previously mentioned above as Signature of STUDENT:	mation submit d or merchand nted my school ed to adhere f	ted is truthful to the best of lise worth more than twenty ol in any sport, I will not co irmly to all established athl	y-five dollars (\$25.0 mpete in any outsid etic policies of my s	0) for partice e athletic co chool distri	cipating in athletic ontest in this sport ct and the Michigan				
PARENT OR GUARDIA	IN OR 1	18 -YEAR-OLD	CONSEN						
I hereby give my consent for the above student to engage in interscholastic athle HIPAA for the purpose of determining eligibility for interscholastic athletics; at activities. He/She has my permission to accompany the team as a member on it	nd I understar	d the possibility that seriou		_					
I further understand that my son or daughter will be expected to adhere firmly to Association.	o all establish	ed athletic policies of the so	chool district and the	e Michigan	High School Athletic				
Signature of PARENT OR GUARDIAN OR 18 YEAR-OLD			Date		_				
< DETACH HERE IF NEEDED TO A	CCOMPAN	Y STUDENT ATHLETE	>						
MEDICAL TREATMENT CONSENT - To Be	e Comp	eted By Paren	t or Guardi	an or '	18-Year-Old				
I,, an 18 year-old that as a result of athletic participation, medical treatment on an emmay be unable to contact me for my consent for emergency medical hospital care, as may be deemed necessary under the then-existing	nergency ba al care. I do	sis may be necessary, a hereby consent in adv	nd further recognance to such eme	rgency ca	_				
SIGNATURE OF PARENT OR GUARDIAN OR 18 YEAR-OLD			DATE						