



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.

PLEASE PRINT

STUDENT'S COMPLETE LEGAL NAME: Last First Middle
STUDENT'S Month Day Year DATE OF BIRTH: 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

Table with columns: EXAMINATION: (Circle Correct Response As Necessary), Height, Weight, Male/Female, BP, Pulse, Vision: R 20/ L 20/, Corrected: Yes No. Rows include Medical, Musculoskeletal, and other physical exam categories.

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 - SOCCER - SOFTBALL - TRACK & FIELD - VOLLEYBALL - WRESTLING

CIRCLE ONE

SIGNATURE OF EXAMINDER:

MD DO PA NP

PRINTED NAME OF EXAMINER:

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



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.



Form with fields for LAST, FIRST, MI STUDENT'S NAME, SEX, GRADE, DATE OF BIRTH, AGE, STUDENT'S ADDRESS, 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, YOUR FAMILY'S HEART HEALTH QUESTIONS, BONE AND JOINT QUESTIONS, IMMUNIZATION HISTORY, MEDICAL QUESTIONS, and FEMALES ONLY. Rows include questions about doctor visits, medical conditions, injuries, and family health history.

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