

## 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-11	AR PHY	SICAL IS	S ONE GI	VEN ON OR	AFTER AP	RIL 15	OF THE PR	EVIOUS SCH	OOL YEA	R.			
STUDENT'S LAS	Г			FIRST		SE	X GRADE	DATE OF B	IRTH	AGE			
NAME:								/	/				
STUDENT'S STR	EET				CITY	•		Z	IP .				
ADDRESS:													
FATHER'S / GUARDIAN'S I	NAME		WORK	PHONE	MOTHER'S	/ GUARD	IAN'S NAME		WORK PI	HONE			
		1						1					
FAMILY DOCTOR			OFFICE	PHONE	HOME PHO	NE							
								1					
T	ICTID	ANICI		TEMEN	ITE O NA			CTODY					
	NOUK	ANC	L SIA	IEMEN		ועשו	CAL HI	SIUKI					
Our son/daughter	will co	mply v	vith the	specific in	nsurance	regula	tions of th	ne school d	istrict.				
	_												
Family Insurance	Co												
• Contract #													
Contract "													
• Signature of Pare	nt or G	uardian	or 18-Y	ear-Old: _									
HISTORY	YES	NO	HISTO	RY	YES	NO	HISTORY		YES	NO			
Have you ever had:	125	110	_	u ever had:	120	110	Do you now	have:	125	110			
Fainting			Kidney I	Disease			Painful Joint	s					
Diphtheria			Tubercul				Backaches						
Scarlet Fever		+	Jaundice				Pounding of						
Rheumatism Rupture			Sickle-Co	ell Anemia			Shortness of Frequent Uri						
Rheumatic Fever	+	+			_		Cough	nation		_			
Tenedinane Tever	1	+	Do you r	now have:			Cougn						
Poliomyelitis			Blurred V				Nosebleeds						
Pneumonia			Headach	es			Frequent Son	e Throats					
Asthma			Fainting				Stomach Pai	ns					
Diabetes			Convulsi										
Heart Disease			Blackout	S									
			PHYS	ICAL E	XAMIN	IATI	ON						
To be co	mpleted	by the e	xaminin	g MD, DO,	Physician'	s Assis	tant or Nur	se Practition	er &				
Returned dir										.)			
SYSTEM		NORN	MAL	ABN.		SYSTE	M	NORM	AL	ABN.			
Urinalysis					Thyroid								
Vision Blood Pressure	-+				Chest								
Pulse Rate	-+				Heart								
Ears	-				Abdomen								
Nose					Hernia								
Throat					Genitalia /		ar Exam						
Teeth - Cavities					Neurologic								
Orthopedic					Muscular								
DECOMMENDA	TIONS												
RECOMMENDA	.110N5:												
I certify that I have examined the above student and recommend him/her as													
I ce	rtify tha		examin	ed the abo	ve studen	t and r	ecommen	I him/her as					
		ıt I have						I him/her as					
	g able to	at I have	ete in su	pervised a	thletic act	ivities	not crosse	d out below		F -			
being BASEBALL - BA	g able to	nt I have to compo	ete in su WLING - 7 - LACRO	pervised at COMPETITE OSSE - SKIIN	thletic acti IVE CHEER NG - SOCCE	ivities R - CRO ER - SOI	not crosse SS COUNTR FTBALL - SV	d out below	LL - GOL	F -			
bein BASEBALL - BA GYMNASTIG	g able to ASKETBA CS - ICE I	nt I have to compo ALL - BO HOCKEY	ete in su WLING - 7 - LACRO TRACK	pervised at COMPETITE OSSE - SKIIN K - VOLLEYE	thletic act IVE CHEER NG - SOCCE BALL - WRI	ivities R - CRO ER - SOI ESTLIN	not crosse SS COUNTR FTBALL - SV G	d out below Y - FOOTBAI VIMMING - T	LL - GOL ENNIS -				
bein BASEBALL - BA GYMNASTIO A CURRENT YI	g able to ASKETBA CS - ICE I	nt I have to compo ALL - BO HOCKEY	ete in su WLING - 7 - LACRO TRACK	pervised at COMPETITE OSSE - SKIIN K - VOLLEYE	thletic act IVE CHEER NG - SOCCE BALL - WRI	ivities R - CRO ER - SOI ESTLIN	not crosse SS COUNTR FTBALL - SV G	d out below Y - FOOTBAI VIMMING - T EVIOUS SCH	LL - GOL ENNIS - OOL YEA				
bein BASEBALL - BA GYMNASTIG	g able to ASKETBA CS - ICE I	nt I have to compo ALL - BO HOCKEY	ete in su WLING - 7 - LACRO TRACK	pervised at COMPETITE OSSE - SKIIN K - VOLLEYE	thletic act IVE CHEER NG - SOCCE BALL - WRI	ivities R - CRO ER - SOI ESTLIN	not crosse SS COUNTR FTBALL - SV G	d out below Y - FOOTBAI VIMMING - T EVIOUS SCHO CIRCLI	LL - GOL ENNIS - OOL YEA E ONE:	AR.			
bein BASEBALL - BA GYMNASTIO A CURRENT YI	g able to ASKETBA CS - ICE I	nt I have to compo ALL - BO HOCKEY	ete in su WLING - 7 - LACRO TRACK	pervised at COMPETITE OSSE - SKIIN K - VOLLEYE	thletic act IVE CHEER NG - SOCCE BALL - WRI	ivities R - CRO ER - SOI ESTLIN	not crosse SS COUNTR FTBALL - SV G OF THE PR	d out below Y - FOOTBAI VIMMING - T EVIOUS SCHO CIRCLI MD DO	LL - GOL ENNIS - OOL YEA E ONE:				
bein BASEBALL - BA GYMNASTIO A CURRENT YI SIGNATURE OF	g able to ASKETBA CS - ICE I	nt I have to compo ALL - BO HOCKEY	ete in su WLING - 7 - LACRO TRACK	pervised at COMPETITE OSSE - SKIIN K - VOLLEYE	thletic act IVE CHEER NG - SOCCE BALL - WRI	ivities R - CRO ER - SOI ESTLIN	not crosse SS COUNTR FTBALL - SV G OF THE PRI	d out below Y - FOOTBAI VIMMING - T EVIOUS SCHO CIRCLI MD DO	LL - GOL ENNIS - OOL YEA E ONE:	AR.			
bein, BASEBALL - BA GYMNASTIO A CURRENT YI SIGNATURE OF EXAMINER: X	g able to ASKETBA CS - ICE I	nt I have to compo ALL - BO HOCKEY	ete in su WLING - 7 - LACRO TRACK	pervised at COMPETITE OSSE - SKIIN K - VOLLEYE	thletic act IVE CHEER NG - SOCCE BALL - WRI	ivities R - CRO ER - SOI ESTLIN	not crosse SS COUNTR FTBALL - SV G OF THE PR	d out below Y - FOOTBAI VIMMING - T EVIOUS SCHO CIRCLI MD DO	LL - GOL ENNIS - OOL YEA E ONE:	AR.			
bein, BASEBALL - BAGYMNASTIO A CURRENT YI SIGNATURE OF EXAMINER: X PRINTED NAME	g able to ASKETBA CS - ICE I	at I have o compo ALL - BO HOCKEY	ete in su WLING - 7 - LACRO TRACK S ONE GI	pervised at COMPETIT OSSE - SKIIN ( - VOLLEYH VEN ON OR	thletic acti IVE CHEER NG - SOCCE BALL - WRI AFTER AP	ivities R - CROER - SOI ESTLIN RIL 15	not crosse SS COUNTR FTBALL - SV G OF THE PRI DAT	d out below Y - FOOTBAI VIMMING - T EVIOUS SCHO CIRCLI MD DO	LL - GOL ENNIS - OOL YEA E ONE:	AR.			
bein, BASEBALL - BAGYMNASTIO A CURRENT YI SIGNATURE OF EXAMINER: X PRINTED NAME	g able to ASKETBA CS - ICE I	MED	ete in su WLING - V - LACRO TRACK S ONE GI	pervised at COMPETITI OSSE - SKIIN ( - VOLLEYI VEN ON OR	thletic active cheer NG - SOCCE BALL - WRI AFTER AP	ivities R - CROER - SOI ESTLIN ERIL 15	not crosse ss countr ftball - sv G OF THE PR DAT	d out below Y - FOOTBAI VIMMING - T EVIOUS SCHE CIRCLI MD DO E:	LL - GOL ENNIS - OOL YEA E ONE:	AR.			
bein, BASEBALL - BAGYMNASTIO A CURRENT YI SIGNATURE OF EXAMINER: X PRINTED NAME	g able to ASKETBA CS - ICE I	MED	ete in su WLING - V - LACRO TRACK S ONE GI	pervised at COMPETIT OSSE - SKIIN ( - VOLLEYH VEN ON OR	thletic active cheer NG - SOCCE BALL - WRI AFTER AP	ivities R - CROER - SOI ESTLIN ERIL 15	not crosse ss countr ftball - sv G OF THE PR DAT	d out below Y - FOOTBAI VIMMING - T EVIOUS SCHE CIRCLI MD DO E:	LL - GOL ENNIS - OOL YEA E ONE:	AR.			
bein, BASEBALL - BA GYMNASTIO A CURRENT YI SIGNATURE OF EXAMINER: X PRINTED NAME OF EXAMINER:	g able to ASKETBA CS - ICE I EAR PHY	MED	ete in su WLING - 7 - LACRO TRACK 5 ONE GI	pervised at COMPETITE OSSE - SKIIN C - VOLLEYN VEN ON OR  TREAT by Parent	thletic active cheek NG - SOCCE BALL - WRI AFTER AP	ivities R - CRO ER - SOI ESTLIN PRIL 15	not crosse ss countrependent of the print of	d out below Y - FOOTBAI VIMMING - T EVIOUS SCHO CIRCLI MD DO E:	LL - GOL ENNIS - OOL YEA E ONE: PA	NP			
bein, BASEBALL - BA GYMNASTIO A CURRENT YI SIGNATURE OF EXAMINER: X PRINTED NAME OF EXAMINER:	g able to ASKETBA CS - ICE I EAR PHY	MED	ete in su WLING - 7 - LACRO TRACK 5 ONE GI	pervised at COMPETITE OSSE - SKIIN C - VOLLEYN VEN ON OR  TREAT by Parent	thletic active cheek NG - SOCCE BALL - WRI AFTER AP	ivities R - CRO ER - SOI ESTLIN PRIL 15	not crosse ss countrependent of the print of	d out below Y - FOOTBAI VIMMING - T EVIOUS SCHE CIRCLI MD DO E:	LL - GOL ENNIS - OOL YEA E ONE: PA	NP			
bein, BASEBALL - BA GYMNASTIC A CURRENT YI SIGNATURE OF EXAMINER: X PRINTED NAME OF EXAMINER:  I,	g able to SSKETBA CS - ICE I EAR PHY	MED	ete in su WLING	pervised at COMPETITE OSSE - SKIIN A - VOLLEY VEN ON OR	thletic active cheek of soccessor with the soccesso	C CO	not crosse ss countr fTBALL - Sv G OF THE PRI DAT.  NSENT r 18-year- ear-old, on	d out below Y - FOOTBAI WIMMING - T EVIOUS SCHO CIRCLI MD DO E: old	LL - GOL ENNIS - OOL YEA E ONE: PA	nR. NP ardian			
bein, BASEBALL - BAGYMNASTIC A CURRENT YI SIGNATURE OF EXAMINER: X PRINTED NAME OF EXAMINER:  I, of	g able to SKETBA CS - ICE I EAR PHY	MED	ete in su WLING - Y - LACRO TRACK S ONE GI	pervised at COMPETITE OSSE - SKIIN C - VOLLEY! VEN ON OR	thletic active cheeks - SOCCEBALL - WRITER AP	ivities R - CRO ER - SOI ESTLIN RIL 15	not crosse ss countr fTBALL - SV G OF THE PRI  DAT  NSENT r 18-year- ear-old, on	d out below Y - FOOTBAI WIMMING - T EVIOUS SCHO CIRCLI MD DO E: old the paren	t or gu	NP ardian			
bein, BASEBALL - BAGYMNASTIC A CURRENT YI SIGNATURE OF EXAMINER: X PRINTED NAME OF EXAMINER:  I, of athletic particip	g able to	MED  be con  medical	ete in su WLING - 7 - LACRO TRACK S ONE GI	pervised at COMPETITE OSSE - SKIIN C - VOLLEYI VEN ON OR TREAT by Parent ent on an	thletic active cheeks of soccessor with the soccess	C CO dian o	not crosse ss countr fTBALL - SV G OF THE PRI  DAT  NSENT r 18-year- ear-old, or , recogn sis may b	d out below Y - FOOTBAI WIMMING - T EVIOUS SCHO CIRCLI MD DO E: old the paren ize that a e necessar	t or gu	ardian sult of further			
bein, BASEBALL - BAGYMNASTIC A CURRENT YI SIGNATURE OF EXAMINER: X PRINTED NAME OF EXAMINER:  I, of athletic particip recognize that s	g able to SKETBA CS - ICE I EAR PHY To ation, r	MED be con	ete in su WLING - 7 - LACRO TRACK SONE GI  DICAI npleted treatm ael may	pervised at COMPETITE OSSE - SKIIN C - VOLLEYI VEN ON OR TREAT by Parent ent on any be unable	TMENT or Guard emergen le to con	C CO dian o	not crosse ss countr fTBALL - SV G OF THE PRI  DAT  NSENT r 18-year- ear-old, or , recogn sis may be the for my	d out below Y - FOOTBAI WIMMING - T EVIOUS SCHO CIRCLI MD DO E: old the paren ize that a e necessar consent fo	t or gus a resy, and cor eme	ardian sult of further regency			
bein, BASEBALL - BAGYMNASTIC A CURRENT YI SIGNATURE OF EXAMINER: X PRINTED NAME OF EXAMINER:  I, of athletic particip recognize that s medical care. I c	g able to SKETBA CS - ICE I EAR PHY To ation, r school p	MED be con medical personr	ete in su WLING - Y - LACRO TRACK S ONE GI  DICAL Inpleted  treatm ael may sent in a	pervised at COMPETITE OSSE - SKIIN C- VOLLEYI VEN ON OR TREAT by Parent on an ar be unabladvance to	TMENT  or Guard  emergen  e to conto	C CO dian o	NSENT r 18-year- ear-old, or , recogn sis may be the for my cy care, in	d out below Y - FOOTBAI WIMMING - T EVIOUS SCHO CIRCLI MD DO E: old the paren ize that a e necessar consent fo	t or gues a respective contraction of the contracti	ardian sult of further rgency are, as			
bein, BASEBALL - BAGYMNASTIC A CURRENT YI SIGNATURE OF EXAMINER: X PRINTED NAME OF EXAMINER:  I, of athletic particip recognize that s medical care. I c may be deemed	g able to SKETBA CS - ICE I EAR PHY To ation, r school p	MED be con medical personr	ete in su WLING - Y - LACRO TRACK S ONE GI  DICAL Inpleted  treatm ael may sent in a	pervised at COMPETITE OSSE - SKIIN C- VOLLEYI VEN ON OR TREAT by Parent on an ar be unabladvance to	TMENT  or Guard  emergen  e to conto	C CO dian o	NSENT r 18-year- ear-old, or , recogn sis may be the for my cy care, in	d out below Y - FOOTBAI WIMMING - T EVIOUS SCHO CIRCLI MD DO E: old the paren ize that a e necessar consent fo	t or gues a respective contraction of the contracti	ardian sult of further rgency are, as			
bein, BASEBALL - BAGYMNASTIC A CURRENT YI SIGNATURE OF EXAMINER: X PRINTED NAME OF EXAMINER:  I, of athletic particip recognize that s medical care. I c may be deemed such care.	g able to SKETBA CS - ICE I  To  ation, r chool p lo herel necess	MED be con	ete in su WLING - 7 - LACRO TRACK SONE GI  DICAL appleted  treatm and may sent in a der the f	pervised at COMPETITE OSSE - SKIIN C - VOLLEYEVEN ON OR TREAT by Parent on an are be unabladvance to then-existing the control of the control	TMENT or Guar emergen le to com o such em ing circum	C CO dian o	DATE TIS-year- ear-old, or in the for my cy care, in the sand to	d out below Y - FOOTBAI WIMMING - T EVIOUS SCHO CIRCLI MD DO E: old the paren ize that a e necessar consent fo cluding ho assume th	t or gues a respective contraction of the contracti	ardian sult of further rgency are, as			
bein, BASEBALL - BAGYMNASTIC A CURRENT YI SIGNATURE OF EXAMINER: X PRINTED NAME OF EXAMINER:  I, of athletic particip recognize that s medical care. I c may be deemed	g able to SKETBA CS - ICE I  To  ation, r chool p lo herel necess	MED be con	ete in su WLING - 7 - LACRO TRACK SONE GI  DICAL appleted  treatm and may sent in a der the f	pervised at COMPETITE OSSE - SKIIN C - VOLLEYEVEN ON OR TREAT by Parent on an are be unabladvance to then-existing the control of the control	TMENT or Guar emergen le to com o such em ing circum	C CO dian o	DATE TIS-year- ear-old, or in the for my cy care, in the sand to	d out below Y - FOOTBAI WIMMING - T EVIOUS SCHO CIRCLI MD DO E: old the paren ize that a e necessar consent fo	t or gues a respective contraction of the contracti	ardian sult of further rgency are, as			



## 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 P	MIN I:				
STUDENT'S COMPLETE LEGAL NAME:	LAST		FIRST	MIDDLE			
STUDENT'S MONTH DATE OF BIRTH:	DAY YI	PLACE OF BIRTH:	CITY	STATE			
CIRCLE 7	8 9	0.01					
GRADE: 10	11 12 SCH		ICIDATIO	N			
information substance I have a amount, nor any (\$25.00) for par name. After I ha athletic contest if I understance I understance I was a school displayed in the substance I was a substance I w	oplication to printed is truthfinever received by embelmatic a rticipating in an aver represented in this sport unstand that I am a strict and the	ul to the best of m money or negoti award or merchan- thletic events, nor I my school in any til after my school expected to adher Michigan High So	etics is volu y knowledge able certifice dise worth in have I ever y sport, I will season has be e firmly to all	antary on my part and the e. ates for merchandise in any more than twenty-five dollars competed under an assumed all not compete in any outside			
X							
SIGNATURE OF	STUDENT		DAT	ГЕ			
PAR.	ENT OR GU	ARDIAN OR 1	8-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 OR 18-YEAR-OI		GUARDIAN	DAT	ГЕ			
		form must be on fi					
		(Please Pr	int)				
EMERGENCY I	INFORMATIO	ON - To be compl	eted by Par	ent or Guardian or 18 yr. old			
Student's Name:_				Grade:			
IN EMERGENCY	7 1)			Phone:			
CONTACT:	ı 1 <u>)</u>			Phone:			
or	2)						
My Family Docto medical information				Please detail any special			
	(allergies, kno	own drug reactions, cur	rent prescribed r	medications)			