



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 PRINT

COMPLETE LEGAL NAME:	LAST	FIRST	MIDDLE
DATE OF BIRTH:	MONTH	DAY	YEAR
PLACE OF BIRTH:	CITY	STATE	
CIRCLE GRADE:	7	8	9
SCHOOL:	10	11	12

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 certificates 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 high school in any sport, I will not compete in any outside athletic contest in this sport until after the high 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.

X SIGNATURE OF STUDENT DATE

PARENT OR GUARDIAN OR 18-YEAR-OLD CONSENT

I hereby give my consent for the above high school student to engage in interscholastic athletics and 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 PARENT OR GUARDIAN OR 18-YEAR-OLD DATE

This form must be on file in the high school office before practicing with any athletic team.

(Please Print)

EMERGENCY INFORMATION - To be completed by Parent or Guardian or 18 yr old

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

IN EMERGENCY CONTACT: 1) \_\_\_\_\_ Phone: \_\_\_\_\_

or 2) \_\_\_\_\_ Phone: \_\_\_\_\_

My Family Doctor Is: \_\_\_\_\_ Please detail any special medical information \_\_\_\_\_

(allergies, known drug reactions, current prescribed medications)



**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-YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR.

NAME: LAST FIRST MIDDLE SEX GRADE ZIP AGE

ADDRESS: STREET CITY STATE ZIP

PARENT/GUARDIAN'S NAME WORK PHONE NUMBER & GUARDIAN'S NAME WORK PHONE

FAMILY DOCTOR OFFICE PHONE HOME PHONE DATE OF BIRTH

**INSURANCE STATEMENT & MEDICAL HISTORY**

Our son/daughter will comply with the specific insurance regulations of the school district.

• Family Insurance Co. \_\_\_\_\_

• Contract # \_\_\_\_\_

• Signature of Parent or Guardian or 18-Year-Old: \_\_\_\_\_

HISTORY	YES	NO	HISTORY	YES	NO	HISTORY	YES	NO
Have you ever had:			Have you ever had:			Do you now have:		
Polio			Kidney Disease			Blindfolded		
Diphtheria			Tuberculosis			Backaches		
Sore-throat			Jaundice			Pounding of Heart		
Scarlet Fever			Stable-Cold America			Shortness of Breath		
Whooping Cough			Do you now have:			Foreign Urination		
Rheumatic Fever			Blurred Vision			Cough		
Polio/vaccine			Headaches			Numbness		
Pharyngitis			Flu			Profound Sore Throat		
Asthma			Convulsions			Sore-throat		
Diabetes						Blackouts		
Head Disease								

**PHYSICAL EXAMINATION**

To be completed by the examining MD, DO, Physician's Assistant or Nurse Practitioner & returned directly to the patient. (Categories may be added or deleted; check appropriate column.)

SYSTEM	NORMAL	ABN.	SYSTEM	NORMAL	ABN.
Urinary			Thyroid		
Vision			Chest		
Blood Pressure			Lungs		
Pulse Rate			Heart		
Ears			Abdomen		
Nose			Genitalia / Testicular Exam		
Throat			Neurologic		
Teeth - Cavities			Metabolic		
Orthopedic					

**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.

BASKETBALL - BASKETBALL - BOWLING - COMPETITIVE CHEER - CROSS COUNTRY - FOOTBALL - GOLF - GYMNASTICS - ICE HOCKEY - LA CROSSE - SKIING - SOCCER - SOFTBALL - SWIMMING - TENNIS - TRACK - VOLLEYBALL - WRESTLING

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SIGNATURE OF EXAMINER: X \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

OF EXAMINER: MD DO PA NP

DATE: \_\_\_\_\_

**MEDICAL TREATMENT CONSENT**

To be completed by Parent or Guardian of 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

X

FORM A (2004) AND