### Medical History

#### Allergies
- Asthma
- Allergies
- Diabetes
- Otitis Media
- Other
- None

#### Family Doctors

<table>
<thead>
<tr>
<th>Family Doctor</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Have you experienced any of the following?

- Has a doctor ever denied you coverage for a medical condition?
- Has a doctor ever denied you participation in a sporting event?
- Do you have any current medical conditions? If so, please identify below:
  - Asthma
  - Allergies
  - Diabetes
  - Otitis Media
  - Other

#### Have you ever experienced any of the following?

- Have you ever passed out or fainted during or after exercise?
- Have you ever had a heart attack, fainting, or severe bruising in your chest during exercise?
- Have you ever had any noticeable changes in your blood pressure or heart rate during exercise?
- Have you ever had any noticeable changes in your blood pressure or heart rate during exercise?
- Have you ever had any noticeable changes in your blood pressure or heart rate during exercise?

#### Do you have any of the following?

- High blood pressure
- High cholesterol
- Hypothyroidism
- Other

#### Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?

#### Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?

#### Has anyone in your family had an abnormal blood count or blood pressure?

#### Have you ever had any eye problems?

#### Do you have any of the following?

- Have you ever had a head injury or concussion?
- Have you ever had a broken bone?
- Have you ever had a dislocated joint?
- Have you ever had any broken bones or broken teeth?
- Have you ever had a sprained ankle or broken bone?

#### Do you have any of the following?

- Have you ever had a broken bone?
- Have you ever had a dislocated joint?
- Have you ever had a sprained ankle or broken bone?

#### Do you have any of the following?

- Have you ever had a head injury or concussion?
- Have you ever had a broken bone?
- Have you ever had a dislocated joint?
- Have you ever had a sprained ankle or broken bone?
# PRE-PARTICIPATION PHYSICAL - CONSENT - INSURANCE

There are FOUR (4) signatures on this page to be completed by student, parent/guardian and/or 18-year-old. A CURRENT-YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR.

<table>
<thead>
<tr>
<th><strong>Student Name:</strong></th>
<th>LAST</th>
<th>FIRST</th>
<th>MIDDLE INITIAL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Student Address:</strong></td>
<td>STREET</td>
<td>CITY</td>
<td>ZIP</td>
</tr>
<tr>
<td><strong>Gender:</strong> □ M □ F</td>
<td><strong>Age:</strong></td>
<td><strong>Date of Birth:</strong></td>
<td><strong>Place of Birth (City/State):</strong></td>
</tr>
<tr>
<td><strong>School:</strong></td>
<td><strong>Circle Grade:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Father/Guardian Name:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Phone (home):</strong></td>
<td><strong>(work):</strong></td>
<td><strong>(cell):</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Mother/Guardian Name:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Phone (home):</strong></td>
<td><strong>(work):</strong></td>
<td><strong>(cell):</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Email Address:</strong> Parent/Guardian/18-Year-Old:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**STUDENT PARTICIPATION & PARENT GUARDIAN 18-YEAR-OLD CONSENT**

The information submitted herein is truthful to the best of my knowledge. By my/his/her signature below, I/we acknowledge that I/we have received concussion educational information that meets Michigan Department of Health and Human Services and MHSAA requirements.

Further, in consideration of my/his/her participation in MHSAA-sponsored athletics, I/we hereby agree, understand, appreciate, and acknowledge: that participation in such athletics is purely voluntary; that such activities involve physical exertion and contact and that there is inherent risk of personal injury associated with participation in such activities, which I/we assume; and that I/we agree to, and hereby waive any and all claims, suits, losses, actions, or causes of action against the MHSAA, its members, officers, representatives, committee members, employees, agents, attorneys, insurers, volunteers, and affiliates based on any injury to me, my child, or any person, whether because of inherent risk, accident, negligence, or otherwise, during or arising in any way from my/his/her participation in an MHSAA-sponsored sport.

I/we understand that I/we are expected to adhere to all established athletic policies of my school district and the MHSAA. I/we hereby give my/our consent for the above student to engage in interscholastic athletics and for the disclosure of information otherwise prohibited by FERPA and HIPAA for the purpose of determining eligibility for interscholastic athletics. My child has my permission to accompany the team on its out-of-town trips.

1️⃣ **Signature of STUDENT:** ___________________________ **Date:** ____________

2️⃣ **Signature of PARENT or GUARDIAN or 18-YEAR-OLD:** ___________________________ **Date:** ____________

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**INSURANCE DECLARATION**

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

The student-athlete has health insurance: □ YES □ NO

If YES, Family Insurance Co.: ___________________________ Insurance ID #: ___________________________

Additionally, I hereby state that, to the best of my knowledge, my answers to the medical history questions (see reverse) are complete and correct.

3️⃣ **Signature of PARENT or GUARDIAN or 18-YEAR-OLD:** ___________________________ **Date:** ____________

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MEDICAL TREATMENT CONSENT COMPLETED BY PARENT OR GUARDIAN 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 to 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.

4️⃣ **Signature of PARENT or GUARDIAN or 18-YEAR-OLD:** ___________________________ **Date:** ____________