



MEDICAL HISTORY: Completed by Parent or Guardian of 13-Year-Old

Student Name _____ Date of Birth _____

Doctor _____ Doctor's Phone _____ Date of Exam _____

GENERAL QUESTIONS		MEDICAL QUESTIONS	
Has a doctor ever denied or restricted your participation in sports for any reason?		Do you cough, wheeze or have difficulty breathing during or after exercise?	
Do you have any ongoing medical conditions? If so, please identify below		Have you ever used an inhaler or taken asthma medicine?	
<input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections <input type="checkbox"/> Other		Is there anyone in your family who has asthma?	
Have you ever spent the night in the hospital or have you ever had surgery?		Were you born without, or missing a kidney, eye, testicle (males), spleen or any other organ?	
Do you have any concerns that you would like to discuss with a doctor?		Do you have groin pain or a painful bulge or hernia in the groin area?	
HEART/HEALTH QUESTIONS ABOUT YOU		Have you had infectious mononucleosis (mono) within the last month?	
Have you ever passed out or nearly passed out DURING or AFTER exercise?		Do you have any rashes, pressure sores or other skin problems?	
Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		Have you had a herpes or MRSA skin infection?	
Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		Do you have headaches or get frequent muscle cramps when exercising?	
Has a doctor ever told you that you have any heart problems? Check all that apply		Have you ever become ill while exercising in the heat?	
<input type="checkbox"/> High blood pressure <input type="checkbox"/> Heart murmur <input type="checkbox"/> Heart infection <input type="checkbox"/> High cholesterol		Do you or someone in your family have sickle cell trait or disease?	
<input type="checkbox"/> Kawasaki disease <input type="checkbox"/> Other		Have you had any problems with your eyes or vision or any eye injuries?	
Has a doctor ordered a test for your heart? (example, ECG/EKG, echocardiogram)		Do you wear glasses or contact lenses?	
Do you get lightheaded or feel more short of breath than expected during exercise?		Do you wear protective eyewear such as goggles or a face shield?	
Do you have a history of seizure disorder or had an unexplained seizure? Fainting?		Immunization History Are you missing any recommended vaccines?	
Do you get more tired or short of breath more quickly than your friends during exercise?		Do you have any allergies?	
HEART/HEALTH QUESTIONS ABOUT YOUR FAMILY		Have you ever had a head injury or concussion?	
Has anyone in your family had a pacemaker or implanted defibrillator before age 35?		Have you ever received a blow to the head that caused confusion, prolonged headache or memory problems?	
Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?		Have you ever had numbness, tingling, weakness or inability to move your arms or legs after being hit or falling?	
Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic, right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		Have you ever had an eating disorder?	
BONE AND JOINT QUESTIONS		Do you worry about your weight?	
Have you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice or a game?		Are you trying to or has anyone recommended that you gain or lose weight?	
Have you ever had any broken or fractured bones, dislocated joints or stress fracture?		Are you on a special diet or do you avoid certain types of foods?	
Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast or crutches?		PERIODS ONLY (Female)	
Do you regularly use a brace, orthotics or other assistive device?		Have you ever had a menstrual period?	
Do you have a bone, muscle or joint injury that bothers you?		If "YES", When was your most recent menstrual period?	
Do any of your joints become painful, swollen, feel warm or look red?		How old were you when you had your first menstrual period?	
Do you have any history of juvenile arthritis or connective tissue disease?		How many periods have you had in the last 12 months?	
Have you ever had an x-ray for neck instability or atlantoaxial instability (Down syndrome or dwarfism)?		CURRENT-YEAR PHYSICAL = GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR	

Please explain any "YES" answers: _____

PHYSICAL EXAMINATION & MEDICAL CLEARANCE: Completed by MD, DO, PA or NP - RETURN DIRECTLY TO PATIENT

EXAMINATION	Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female	BP	/	Pulse	Vision R 20/	L 20/	Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL									
Appearance Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)							Neck		
Eyes/Ears/Nose/Throat Pupils Equal Hearing							Back		
Lymph nodes							Shoulder/Arm		
Heart Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI)							Elbow/Forearm		
Pulses Simultaneous femoral and radial pulses							Wrist/Hand/Fingers		
Lungs							Hip/Thigh		
Abdomen							Knee		
Genitourinary (males only)							Leg/Ankle		
Skin HSV Lesions suggestive of MRSA, tinea corporis							Foot/Toes		
Neurologic							Functional Duck Walk		

RECOMMENDATIONS _____

I certify that I have examined the above student and recommend him/her as being able to compete in supervised athletic activities except _____

EXAMINER Name of Examiner (print/type) _____ Date _____
Signature of Examiner _____ (Check One) ☐ MD ☐ DO ☐ PA ☐ NP

----- (DETACH HERE IF NEEDED TO ACCOMPANY STUDENT-ATHLETE) -----

EMERGENCY INFORMATION: COMPLETED BY PARENT or GUARDIAN of 13-YEAR-OLD

Student _____ Grade _____ Doctor _____ Phone (____) _____
IN EMERGENCY (1) _____ Home # (____) _____ Cell # (____) _____
IN EMERGENCY (2) _____ Home # (____) _____ Cell # (____) _____
Drug Reactions _____ Current Medications _____
Allergies _____

PRE-PARTICIPATION PHYSICAL - CONSENT - INSURANCE



Shaded heading areas are to be completed by Student, parent/guardian, or 18-year-old

There are **FOUR (4)** signatures on this page **4** 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

Student Name _____		
LAST	FIRST	MIDDLE INITIAL
Student Address _____		
STREET	CITY	ZIP
Sex <input type="checkbox"/> M <input type="checkbox"/> F Age _____ Date of Birth _____ Place of Birth (City/State) _____		
School _____ Circle Grade <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12		
Parent/Guardian Name _____		
Phone (home) _____ (work) _____ (cell) _____		
Parent/Guardian Name _____		
Phone (home) _____ (work) _____ (cell) _____		
Email Address Parent/Guardian/18-Year-Old _____		

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

The information submitted herein is truthful to the best of my knowledge. By my/my child's 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/my child's participation in MHSAA-sponsored athletics, I/we do 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 risk 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/my child's participation in an MHSAA-sponsored sport.

I/we understand that I am/we are expected to adhere firmly to all established athletic policies of my school district and the MHSAA. I/we 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. My child has my permission to accompany the team as a member on its out-of-town trips.

1 Signature of STUDENT _____ Date _____

2 Signature of PARENT or GUARDIAN or 18-YEAR-OLD _____ Date _____

INSURANCE STATEMENT

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.

3 Signature of PARENT or GUARDIAN or 18-YEAR-OLD _____ Date _____

----- (DETACH HERE IF NEEDED TO ACCOMPANY STUDENT-ATHLETE) -----

MEDICAL TREATMENT CONSENT 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.

4 Signature of PARENT or GUARDIAN or 18-YEAR-OLD _____ Date _____

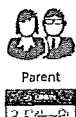


FinalForms

Parent registration

How do I sign up?

1. Go to: <https://livonia-mi.finalforms.com>
2. Locate the parent icon and click **NEW ACCOUNT** below.



3. Type your YOUR NAME, DATE OF BIRTH, and EMAIL. Next, click **REGISTER**.

NOTE. You will receive an email within 2 minutes prompting you to confirm and complete your registration. If you do not receive an email, then check your spam folder. If you still can not locate the FinalForms email, then email support@finalforms.com informing our team of the issue.

4. Check your email for an **ACCOUNT CONFIRMATION EMAIL** from the FinalForms Mailman. Once received and opened, click **CONFIRM YOUR ACCOUNT** in the email text.

FINALFORMS

Hello Clay Burnett,

Your FinalForms account with Demoville Local Schools (DLS) has been successfully created

Please [click here to confirm your account](#) and complete your registration as a parent

Thank you,
Demoville Local Schools (DLS) Administration

5. Create your new FinalForms password. Next, click **CONFIRM ACCOUNT**.
6. Click **REGISTER STUDENT** for your first child.



FinalForms

Registering a student

What information will I need?

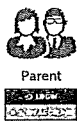
Basic medical history and health information. Insurance company and policy number. Doctor, dentist, and medical specialist contact information. Hospital preference and contact information.

How do I register my first student?

IMPORTANT: If you followed the steps on the previous page, you may Jump to Step number 3.

1. Go to: <https://livonia-mi.finalforms.com>

2. Click **LOGIN** under the Parent Icon.



3. Locate and click the **ADD STUDENT** button.

4. Type in the **LEGAL NAME** and other required information. Then, click **CREATE STUDENT**.

5. **If your student plans to participate in a sport, activity, or club**, then click the checkbox for each. Then, click **UPDATE** after making your selection. Selections may be changed until the registration deadline.

6. Complete each form and sign your full name (*i.e.* 'Jonathan Smith') in the parent signature field on each page. After signing each, click **SUBMIT FORM** and move on to the next form.

Form Signatures

Parent Signature:

Your signature MUST match your name Clayton Burnett

Student Signature

Student must sign in



7. When all forms are complete, you will see a 'Forms Finished' message.

IMPORTANT: If required by your district, an email will automatically be sent to the email address that you provided for your student that will prompt your student to sign required forms.

How do I register additional students?

Click **MY STUDENTS**. Then, repeat steps number 3 through number 7 for each additional student.

How do I update information?

Login at any time and click **UPDATE FORMS** to update information for any student.