



MEDICAL HISTORY: Completed by Parent or Guardian or 18-Year-Old

Student Name: _____ Date of Exam: _____

Family Doctor: _____ Phone: _____

- GENERAL QUESTIONS		Y	N
<input type="checkbox"/> Has a doctor ever denied or restricted your participation in sports for any reason?			
Do you have any ongoing medical conditions? If so, please identify below:			
<input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections <input type="checkbox"/> Other:			
Have you ever spent the night in the hospital or have you ever had surgery?			
- HEART HEALTH QUESTIONS ABOUT YOU		Y	N
Have you ever passed out or nearly passed out DURING or AFTER exercise?			
Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			
Does your heart ever race or skip beats (irregular beats) during exercise?			
Has a doctor ever told you that you have any heart problems? Check all that apply:			
<input type="checkbox"/> High blood pressure <input type="checkbox"/> Heart murmur <input type="checkbox"/> Heart infection <input type="checkbox"/> High cholesterol			
<input type="checkbox"/> Kawasaki disease <input type="checkbox"/> Other:			
Has a doctor ordered a test for your heart? (example, ECG/EKG, echocardiogram)			
Do you get lightheaded or feel more short of breath than expected during exercise?			
Do you have a history of seizure disorder or had an unexplained seizure?			
Do you get more tired or short of breath more quickly than your friends during exercise?			
- HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		Y	N
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 any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome)?			
Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome or catecholaminergic polymorphic ventricular tachycardia?			
- BONE AND JOINT QUESTIONS		Y	N
Have you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice or a game?			
Have you ever had any broken or fractured bones, dislocated joints or stress fracture?			
Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast or crutches?			
Do you regularly use a brace, orthotics or other assistive device?			
<input type="checkbox"/> Do you have a bone, muscle or joint injury that bothers you?			
Do any of your joints become painful, swollen, feel warm or look red?			
Do you have any history of juvenile arthritis or connective tissue disease?			
Have you ever had an x-ray for neck instability or atlantoaxial instability (Down syndrome or dwarfism)?			

- MEDICAL QUESTIONS		Y	N
Do you cough, wheeze or have difficulty breathing during or after exercise?			
Have you ever used an inhaler or taken asthma medicine?			
Is there anyone in your family who has asthma?			
Were you born without, or missing a kidney, eye, testicle (males), spleen or any other organ?			
Do you have groin pain or a painful bulge or hernia in the groin area?			
Have you had infectious mononucleosis (mono) within the last month?			
Do you have any rashes, pressure sores or other skin problems?			
Have you had a herpes or MRSA skin infection?			
Do you have headaches or get frequent muscle cramps when exercising?			
Have you ever become ill while exercising in the heat?			
Do you or someone in your family have sickle cell trait or disease?			
Have you had any problems with your eyes or vision or any eye injuries?			
Do you wear glasses or contact lenses?			
Do you wear protective eyewear such as goggles or a face shield?			
Immunization History: Are you missing any recommended vaccines?			
Do you have any allergies?			
Have you ever had a head injury or concussion?			
Do you have any concerns that you would like to discuss with a doctor?			
Have you ever received a blow to the head that caused confusion, prolonged headache or memory problems?			
Have you ever had numbness, tingling, weakness or inability to move your arms or legs after being hit or falling?			
Have you ever had an eating disorder?			
Do you worry about your weight?			
Are you trying to or has anyone recommended that you gain or lose weight?			
Are you on a special diet or do you avoid certain types of foods?			
- FEMALES ONLY (Optional)		Y	N
Have you ever had a menstrual period?			
How old were you when you had your first menstrual period?			
How many periods have you had in the last 12 months?			
CURRENT-YEAR PHYSICAL = GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR			

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

EXAMINATION: Height: _____ Weight: _____ Male Female BP: _____ / _____ Pulse: _____ Vision: R 20/ _____ L 20/ _____ Corrected: Y N

MEDICAL	NORMAL	ABNORMAL	MUSCULOSKELETAL	NORMAL	ABNORMAL
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 NOT crossed out below.
BASEBALL – BASKETBALL – BOWLING – COMPETITIVE CHEER – CROSS COUNTRY – FOOTBALL – GOLF – GYMNASTICS – ICE HOCKEY
LACROSSE – SKIING – SOCCER – SOFTBALL – SWIMMING/DIVING – TENNIS – TRACK & FIELD – VOLLEYBALL – WRESTLING

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 or 18-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 headline 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
Gender: M F Age: Date of Birth: Place of Birth (City/State):
School: Circle Grade: 6 7 8 9 10 11 12
Father/Guardian Name:
Phone (home): (work): (cell):
Mother/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:

MEDICAL CONSENT

Athlete's Name: _____ Grade: _____ DOB: _____ Gender: _____

Address: _____ City: _____ Zip: _____ Phone #: _____

Graduation Year _____

Sports of Interest for Upcoming School Year: _____

Assumption of Risk-Proof of Insurance:

Participation in sports requires an acceptance of risk of possible injury, including paralysis or loss of life. As an athlete you can help make athletics safer by not intentionally using techniques that are illegal and which can cause serious injury

The coaching staff is concerned with your safety and wants you to receive the benefits of athletic participation.

I, _____ (*signature*) Student-Athlete have read the above and agree that I have been warned as to injury and accept the responsibility of a possible injury. Date _____.

The student is covered by an insurance policy in effect for the school year. (Contact Athletic Director ASAP if no policy)

Name of Insurance Company

Policy or Group Number

EMERGENCY INFORMATION: Alternates to be contacted when the Parent/Legal Guardian cannot be reached.

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Medical Conditions: _____ Allergies: _____

Current Medications: _____

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.

I am the parent or legal guardian of the above named student and have read the above and recognize the risk in participation and injury. (Signature below)

Parent/ Legal Guardian

Parent/ Legal Guardian

Date

Name of Doctor

Phone

Hospital

Athletic Administrative Form

Please refer to the Tecumseh Public School Athletic Handbook for more information regarding the following statements that all Student-Athletes and Parent/Legal Guardians are required to agree with for athletic participation. This can be found at www.tecumsehathletics.com if you do not have access to the internet please request a copy from your Student-Athletes Coach.

I, Student-Athlete and Parent/Legal Guardian agree to the following terms of Athletic Participation at Tecumseh High School:

- I have read and agree to comply with the Tecumseh Public Schools Athletic Handbook.
- I have read and agree with the Assumption of risk and agree that I have been warned as to injury and accept the responsibility of possible injury or death.
- I have read and agree to meet the requirements of Athletic Eligibility as set forth by the Michigan High School Athletic Association and the Tecumseh Public Schools.
- I have read and agree with what is expected of me in Educational Athletics by Tecumseh Public Schools, the SEC, and the MHSAA. I understand that school sponsored sports are an educational activity and all athletes, parents, friends must be aware of our schools expectations with regard to sportsmanship.

Signature of Student-Athlete

Signature of Parent/Legal Guardian

Date

**Sport (s) of
Interest** _____

TPS Transportation Travel Waiver
****All STUDENTS must have this on FILE****

The Tecumseh Public Schools believes it is in the best interest of the individual participants, as well as for the participating group, that students travel to and from away activities in school provided transportation. However, we recognize that a parent may wish to request a waiver of this expectation. Please review the statements below concerning transportation to/from athletic events and give a signature of acknowledgement.

- I give permission, and understand that it is expected, for my son/daughter to ride to/from school events in TPS transportation. The bus will leave from and return to TPS parking lot.
- I understand that there is **no weekend bus return to TPS from a weekend event** and that I will be responsible for making proper arrangements for the return of my child
- I understand that written notice from parent/guardian to Coach/Teacher/Supervisor in Charge is needed if student athlete will be traveling to/from an event with someone other than parent/guardian or TPS transportation.
- Parent/Guardian will be required to sign out the student participant at the event.
- I understand that by giving permission I release Tecumseh Public Schools District and its representatives from all responsibility for my son/daughter during the trip in a private vehicle.

Student-Athletes Name: _____ **Grade:** _____

Sport(s): _____ **Level:** _____

Parent/Guardian Signature: _____ **Phone:** _____ **Date:** _____

Assumption of Risk-Proof of Insurance
FOOTBALL PLAYERS ONLY- NOCSAE APPROVED HELMETS

Athlete's Name: _____ Grade: _____
Address: _____ City: _____ Zip: _____

Participation in sports requires an acceptance of risk of possible injury, including paralysis or loss of life. As an athlete you can help make athletics safer by not intentionally using techniques that are illegal and which can cause serious injury. In football, you have been instructed in the proper techniques of blocking, tackling, running, kicking, passing, kicking and catching and other fundamentals pertaining to your position.

You have been warned that the improper use of these techniques can result in permanent injury, not excluding paralysis. **You have been warned that your helmet is NOCSAE approved within safety standards for football helmets and that you should report to your coach immediately any defects of your helmet or other equipment.** The coaching staff is concerned with your safety and wants you to receive the benefits of athletic participation.

I, Student-Athlete, have read the above and agree that I have been warned as to injury and accept the responsibility of possible injury.

I, the parent or legal guardian of the above named student, have read the above and recognize the risk in participation and injury.

The student is covered by an insurance policy in effect for the school year:

Signature Parent/ Legal Guardian Signature Student Athlete Date

Name of Insurance Company Policy Policy/Group Number

(Contact Athletic Director ASAP if no policy)