

**PLEASE PRINT
NEATLY!**
*Information is used if
there is an emergency*

Whitmore Lake **HIGH SCHOOL**

*Form Color:
WHITE for H.S.
YELLOW for M.S.*

Athlete Information and Medical History

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

(to be completed by parents - must be signed in 3 places)

Student's Legal Name _____ Grade _____ Age: _____

Student's Date of Birth: _____ Place of Birth: _____
Last First Middle
Month Day Year City State

Address: _____
Street City ZIP

Father's Name _____ Home Phone: (____) _____ Work Phone: (____) _____

Mother's Name _____ Home Phone: (____) _____ Work Phone: (____) _____

In emergency, if unable to reach parents, please contact:

_____ Phone: (____) _____
 _____ Phone: (____) _____

Medical History

| Have you ever had: | YES | NO | Do you now have: | YES | NO |
|--------------------|-----|----|------------------------|-----|----|
| Fainting | | | Blurred Vision | | |
| Diphtheria | | | Headaches | | |
| Scarlet Fever | | | Fainting | | |
| Rheumatism | | | Convulsions | | |
| Rupture | | | Blackouts | | |
| Rheumatic Fever | | | Painful Joints | | |
| Poliomyelitis | | | Backaches | | |
| Pneumonia | | | Pounding of Heart | | |
| Asthma | | | Shortness of Breath | | |
| Diabetes | | | Frequency of Urination | | |
| Heart Disease | | | Cough | | |
| Kidney Disease | | | Nosebleeds | | |
| Tuberculosis | | | Frequent Sore Throats | | |
| Jaundice | | | Stomach Pains | | |

Please detail any special medical information (allergies, known drug reaction, current prescribed medication, etc): _____

Physical Examination - Categories may be added or deleted

To be completed by Physician - check appropriate column

| System | Norm | Abn. | System | Norm. | Abn. | System | Norm. | Abn. |
|----------------|------|------|----------------|-------|------|---------------------------|-------|------|
| Urinalysis | | | Throat | | | Heart | | |
| Vision | | | Teeth-Cavities | | | Abdomen | | |
| Blood Pressure | | | Orthopedic | | | Hernia | | |
| Pulse Rate | | | Thyroid | | | Genitalia/Testicular Exam | | |
| Ears | | | Chest | | | Neurologic | | |
| Nose | | | Lungs | | | Muscular | | |

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 * Competitive Cheer * Cross Country * Football * Softball * Track * Volleyball * Golf

A current year physical is one given on or after April 15 of the previous school year.

Physician's Name _____ Phone : (____) _____

Signature of Examining Physician: _____ Date: _____

Student's Name _____
Last First Middle

Medical Treatment Consent

(To be completed by parents)

I, _____, 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 then existing circumstances and to assume the expenses of such care.

Signature of Parent/Guardian: _____ Date: _____

Insurance Statement

Our son/daughter will comply with the specific insurance regulations of the school district.
Family Insurance Company _____
Signature of Parent _____

Insurance Required – If you do not have insurance you must purchase Student Accident Insurance per District policy #8760. Forms available High School office.

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 merchandise in any amount, or any emblematic award 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 promise not to 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.

Signature of student: _____ Date: _____

Parent or Guardian Consent

I hereby give my consent for the above high school 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 understand that, on some occasions, coaches will assign athletes to ride with SELECTED - APPROVED ADULT DRIVERS to athletic events in privately-owned cars. 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.

Signature of Parent/Guardian: _____ Date: _____