

## 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.

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A CURRENT-YE	AR PE	IYSICAL IS	S ONE G	IVEN ON OR	AFTER AF	PRIL 15	OF THE P	PREVIOUS SCH	OOL YE	AR.
STUDENT'S LAST	Γ			FIRST		SE	X GRADE	DATE OF B	IRTH	AGE
NAME:									/	
STUDENT'S STRE	EET				CITY			2	ZIP	
ADDRESS: FATHER'S / GUARDIAN'S N	JAME		WORK	PHONE	MOTHER'S	/ GHARE	DIAN'S NAMI	F	WORK P	HONE
TATILK 57 GUARDIAN 5 I	WINE		WORK	THONE	MOTHERS	/ GOZIKE	JIAIV 5 IVANI	_	WORKE	HONE
FAMILY DOCTOR			OFFICE	E PHONE	HOME PHO	NE				
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Our son/daughter	will	comply v	vith the	specific in	nsurance	regula	ations of	the school of	listrict.	
• Family Insurance	Co									
Family Insurance	C0									
• Contract #										
Signature of Pare	nt or	Guardian	or 18-V	Vear-Old:						
	_					NO	HIGTOR	13.7	VEC	NO
HISTORY Have you ever had:	YE	S NO	HISTO Have vo	ou ever had:	YES	NO	Do you no		YES	NO
Fainting			Kidney l				Painful Jo			
Diphtheria			Tubercu	losis			Backache	s		
Scarlet Fever			Jaundice				Pounding			4
Rheumatism Rupture			Sickle-C	Cell Anemia			Shortness Frequent 1		-	+
Rheumatic Fever							Cough	Ormation		
			Do you	now have:						
Poliomyelitis			Blurred				Nosebleed			
Pneumonia Asthma			Headach Fainting				Stomach I	Sore Throats		+
Diabetes			Convuls				Stomach			
Heart Disease			Blackou	ts						
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				ng MD, DO,	Physician	's Assis	tant or N	urse Practition		ı.)
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## 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:							
STUDENT'S COMPLETE LEGAL NAME:	LAST	FIRST		MIDDLE					
STUDENT'S MONTH DATE OF BIRTH:	DAY YEAR	PLACE OF BIRTH:		STATE					
CIRCLE 7 GRADE: 10	8 9 11 12 SCHOOL	ı:							
		ENT PARTICIPAT	TION						
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 embelmatic 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 school in any sport, I will not compete in any outside athletic contest in this sport until after my 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 S	TUDENT		DATE						
PARE	NT OR GUAR	DIAN OR 18-YEA	R-OLD CO	NSENT					
otherwise protector for interscholast result from partices accompany the the I further underst	athletics and for ted by FERPA and ic athletics; and rticipating in an eam as a member and that my son etic policies of the	nt for the abover the disclosure to and HIPAA for the pure I understand the possibilities. Her on its out-of-town or daughter will be a che school district a	the MHSA. rpose of determination of the sibility that so le/she has no trips.	rmining eligibility serious injury may ny permission to dhere firmly to all					
X									
SIGNATURE OF P OR 18-YEAR-OLI		ARDIAN	DATE						
This form must be on file in the school office before practicing with any athletic team.									
(Please Print)									
EMERGENCY IN	NFORMATION -	To be completed by	Parent or Gu	ıardian or 18 yr. old					
Student's Name:			Grade Phone						
IN EMERGENCY	1)		I Hone	···					
CONTACT:	2)		Phone	::					
or									
				ease detail any special					
/	(allergies, known d	rug reactions, current prescr	ibed medications)						