**MEDICAL HISTORY:**

<table>
<thead>
<tr>
<th>Student: ______________________________</th>
<th>Grade: ______</th>
<th>Doctor: ______________________________</th>
<th>Phone: (____<strong>)</strong>_________________</th>
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</thead>
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**IN EMERGENCY:**

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**Drug Reactions:**

- Current Medications: ______________________________

**Allergies:** ______________________________

---

**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:

---

**EMERGENCY INFORMATION:**

- Complete by Parent or Guardian of 18-Year-Old:
  - Student: ______________________________ | Grade: ______ | Doctor: ______________________________ | Phone: (______)___________________ |

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**DETAILED MEDICAL HISTORY:**

| Student: ______________________________ | Grade: ______ | Doctor: ______________________________ | Phone: (______)___________________ |

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**Drug Reactions:**

- Current Medications: ______________________________

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---

**MEDICAL EXAMINATION:**

| Height: ______________________________ | Weight: ______________________________ | Doctor’s Phone: ______________________________ | Phone: (______)___________________ |

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**DETAILED MEDICAL HISTORY:**

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**Drug Reactions:**

- Current Medications: ______________________________

**Allergies:** ______________________________

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**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:
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

I, _______________________________________________, an 18-year-old, or the parent or guardian of __________________________________________________, recognize that as a result of

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

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

Further, in consideration of my/my child’s 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 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/Our child has my/our permission to accompany the team as a member on its out-of-town trips.

Further, in consideration of my/my child’s 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 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/Our child has my/our permission to accompany the team as a member on its out-of-town trips.

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.

Date:

Date:

Date:

Date:

Date: