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

michigan high school athletic association

Student Name: _____ Date of Birth: _____

Doctor: _____ Doctor's Phone: _____ Date of Exam: _____

- GENERAL QUESTIONS	Y	N
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:		
q Asthma q Anemia q Diabetes q Infections q Other:		
Have you ever spent the night in the hospital or have you ever had surgery?		
Do you have any concerns that you would like to discuss with a doctor?		
- 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, flutter in your chest, or skip beats (irregular beats) during exercise?		
Has a doctor ever told you that you have any heart problems? Check all that apply:		
q High blood pressure q Heart murmur q Heart infection q High cholesterol		
q Kawasaki disease q 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? Fainting?		
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 a pacemaker or implanted defibrillator before age 35?		
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)?		
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)?		
- 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?		
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?		
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?		
If "YES", When was your most recent 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

Please explain any "YES" answers: _____

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

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

EXAMINER

Name of Examiner(print/type): _____ Date: _____

Signature of Examiner: _____ (Check One): q MD q DO q PA q N P

- (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: _____FORM A:

SEPT-22-23

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

Sex: q M q F Age: _____ Date of Birth: _____ Place of Birth (City/State): _____

School: _____ Circle Grade: 6 7 8 9 10 11 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, lo 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/m 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: q YES q N O

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: _____

All Saints Academy

1110 Four Mile Rd NE Grand Rapids MI 49525 (616) 363-7725

Both this consent and the athletic physical form must be completed and signed even if you have your physical done elsewhere. To practice or participate in the All Saints Academy Sports program, both completed forms must be in the School Office by August 1.

Consent to Participate in Sports

1. I hereby give permission for my child to engage in sports at All Saints Academy.
2. I am familiar with the common hazards of sports, and fully understand the dangers associated with them. I hereby release and discharge All Saints Academy and the sports league, its agents, employees, and officers from all liability whatsoever for personal injuries, damage to property arising out of sports activities on the premises at school, or at any other location where games or practices are conducted, or in transportation to or from contests at other locations.
3. I understand that I am responsible for all equipment/uniforms issued to my child, and I personally guarantee to return it at the close of the season, and to make restitution for any undue damage or loss of the equipment/uniforms.
4. I understand that it is my responsibility to provide medical and insurance coverage for my child in case of accidental injury. All Saints Academy, or any of its agents or coaches, will not be responsible for medical bills incurred due to injury to my child. My child is presently covered by the following medical insurance policy. Name of Company:_____ Policy Number: _____
5. I understand that my child will not be allowed to practice sports unless this consent form and a current valid physical is on file in the School Office.

Date: _____ Parent/Guardian Signature: _____

Child's Name: _____ Grade: _____

Birthdate: _____ Telephone: _____

Current Height: _____ Current Weight: _____

STUDENT ATHLETIC AND EXTRA-CURRICULAR CODE OF ETHICS

Athletic and Extra-curricular Participation Philosophy

The ASA staff considers the athletic teams and extra-curricular events an extension of the classroom learning process and encourages students to participate. We recognize that among other things, student athletes enjoy health benefits, friendship, experience the importance of teamwork, skill development, sportsmanship, coaches who model our shared values, and experience accepting losses with dignity and celebrating wins with humility. Extra-curricular events encourage exploration of student interest, instill confidence, compliment the curriculum and can be social activities where students enjoy the company of their friends in a supervised, nurturing environment. The staff pledges to assist students with academic support and encouragement and to empower students to take personal responsibility for their learning and behavior. It is our goal that all student athletes remain eligible throughout the school year.

Code of Ethics

I, _____, ASA student athlete, and/or a participant of an extra-curricular activity agree, as a condition of my participation, to abide by the following code of ethics during the current school year.

I will:

1. Remember that athletic and extra-curricular activities are a privilege; I will keep my behavior on the playing field and/or at the event and in the classroom appropriate and reflective of the values and mission of ASA.
2. Understand that my academic schoolwork must come before participation in an athletic sport and/or extra-curricular event. The school work will be completed to the best of my ability.
3. Show respect for my teachers, coaches, chaperones, fellow teammates, and classmates.
4. Regardless of winning or losing, or the behavior of the opposing team, model good sportsmanship at all times on and off the field.
5. Participate in practice, games and/or extra-curricular events to the best of my ability.
6. Be on time for extra-curricular activities, practices and games and ready to participate.

I understand that if I violate this code of ethics, my participation in athletics and/or extra-curricular events may be in jeopardy. If at any time throughout the season, my eligibility is in question, I agree to work with my teachers, principals and parents to create a *Plan for Improvement*. I agree to follow that plan by giving it my best effort, so that I may remain eligible. I also understand that at any time, the principals, in consultation with my teachers and parents, have the authority to immediately suspend or remove me from any sports team for violations of this code of ethics.

Student Signature: _____ Date: _____

We have discussed our child's responsibility to his/her schoolwork, team and/or activity.

Parent Signature: _____ Date: _____