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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| | such care. | | | | | | | | | | |
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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. | | | | | | | | | |
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| | | | | | PLEASE | PRINT: | | | , |
| STUDENT'S COMPLETE LEGAL NAI | | | LAST | | | FIRST | | MII | DDLE |
| STUDENT'S DATE OF BIRTH: | MONTH | I | DAY | YEAR | PLACE O BIRTH: | CITY F | | ST | ATE |
| CIRCLE GRADE: | 7 10 | 8 11 | 9 12 | SCHOOI | | | | | |
| | | | | STUD | ENT PAR | TICIPA | 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 | | | | | | | | | |
| SIGNATUI | RE OF | STUI | DEN | Т | | | DATE | | |
| | PARE | ENT | OR | GUAR | DIAN OF | R 18-YEA | AR-OL | D CONSENT | ן |
| I 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; 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 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. | | | | | | | | | |
| X | | | | | | | | | |
| | SIGNATURE OF PARENT OR GUARDIAN DATE OR 18-YEAR-OLD | | | | | | | | |
| This form must be on file in the school office before practicing with any athletic team. | | | | | | | | | |
| | | | | | (Please | Print) | | | |
| EMERGE | NCY I | NFO | RM | ATION - | • To <u>be con</u> | ple <u>ted by</u> | v Parent | or Guardian | or 18 <u>yr. old</u> |
| | | | | | | | | | |
| Student's N | ame: | | | | | | | Grade: Phone: | |
| IN EMERC | FNCV | 1) | | | | | | rnone: | |
| CONTACT | | ~ | | | | | | Phone: | |
| | or | 2) | | | | | | I | |
| My Family medical inf | | | | | | | | Please deta | il any special |
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| | | (al | lergie | es, known d | rug reactions, | current presc | ribed medi | ications) | |