

# Sports Pre-participation Health Record

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Family Physician: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**HISTORY: (must be completed prior to physical exam)**

	YES	NO		YES	NO
1. Have you ever had an illness that: Required you to stay in the hospital? Lasted longer than a week or is chronic? Is related to allergies? Required an operation?	_____	_____	7. Do you have any medication allergies?	_____	_____
2. Have you had an injury that: Required hospitalization, or operation?	_____	_____	8. Are you missing a kidney?	_____	_____
3. Is there any family history of heart disease Or sudden death under the age of 50?	_____	_____	9. When was your last tetanus booster? _____		
4. Do you take any medications?	_____	_____	<b>WOMEN ONLY:</b> At what age was your first menstrual period? _____		
5. Have you ever: Had high blood pressure, or heart murmur? Passed out or been dizzy during Or after exercise?	_____	_____	Explain any YES answers: _____ _____ _____		
6. Do you: Wear contacts or glasses? Wear dental bridge, plates, or braces?	_____	_____	I hereby state that these answers are correct to the best of my knowledge. Athlete Signature: _____ Date: ____/____/____		
			Parent Signature: _____ Date: ____/____/____		

**MSHSAA PARTICIPATION – Physician/Parent/Student**

This form is to be completed prior to the first practice session. It contains vital information in case of injury. This form should accompany this athlete to all practices and contests!! It also should be put in the school's central file during off season.

**Section 1: ATHLETES APPLICATION AND PERSONAL INFORMATION**

Name: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Student Agreement Regarding Conditions for Participation:**

This application to represent my school in interscholastic athletics is entirely voluntary on my part and is made with the understanding that I have studied and understand the eligibility standards that I must meet to represent my school and that I have not violated any of them. I also understand that if I do not meet the citizenship standards set by the school or if I am ejected from an interscholastic contest because of an unsportsmanlike act, it could result in me not being allowed to participate in the next contest or suspension from the team either temporarily or permanently. I have completed and/or verified that part of this certificate which requires me to list all previous injuries or additional conditions that are known to me which may affect my performance in so representing my school, and I verify that it is correct and complete.

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

**Section 2: Parent Permission and Authorization for Treatment and Release of Medical Information:**

We hereby give our consent for the above student to represent his/her school in interscholastic athletics. We also give our consent for him/her to accompany the team on trips and will not hold the school responsible in case of accident or injury whether it be enroute to or from another school or during practice or an interscholastic contest, and we hereby agree to hold the school district of which this school is a part, its employees, agents, representatives, coaches, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of every kind and nature whatsoever which may arise by or in connection with participation by my child/ward in any activities related to the interscholastic program of his/her school.

If we cannot be reached and in the event of an emergency, we also give our consent for the school to obtain through a physician or hospital of its choice, such medical care as is reasonably necessary for the welfare of the student, if he/she is injured in the course of school athletic activities. We authorize the release of necessary medical information to the physician, athletic trainer, and/or school personnel related to such treatment/care. We understand that the school may not provide transportation to all events, and **permit / do not permit** (CIRCLE ONE) my child to drive his/her vehicle in such a case.

We further state that we have completed that part of this certificate which requires us to list all previous injuries or additional conditions that are known to us which may affect this athlete's performance or treatment and we certify that it is correct and complete. We confirm that this application for the above student to represent his/her school in interscholastic athletics is made with the understanding that we have studied and understand the eligibility standards that our son/daughter must meet to represent his/her school and that he/she has not violated any of them. We also understand that if our son/daughter does not meet the citizenship standards set by the school or if he/she is ejected from an interscholastic contest because of an unsportsmanlike act, it could result in him/her not being allowed to participate in the next contest or suspension from the team either temporarily or permanently. The MSHSAA By-Laws provide that a student shall not be permitted to practice or compete for a school until it has verification that he/she has basic health/accident insurance coverage, which includes athletics. Our son/daughter is covered by basic health/accident insurance for the current school year with \_\_\_\_\_.

Name of Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Parents or Guardian's: ( All parents or guardians must sign):

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

