

# PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

# 2017-2018



(Note: This form is to be filled out by the patient and parent prior to examination. The examiner should keep a copy of this form in the chart.)

Date of Exam \_\_\_\_\_  
 Name \_\_\_\_\_ Date of birth \_\_\_\_\_  
 Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

**Medicines and Allergies:** Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies?  Yes  No If yes, please identify specific allergy below.  
 Medicines  Pollens  Food  Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No	MEDICAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____			27. Have you ever used an inhaler or taken asthma medicine?		
3. Have you ever spent the night in the hospital?			28. Is there anyone in your family who has asthma?		
4. Have you ever had surgery?			29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
<b>HEART HEALTH QUESTIONS ABOUT YOU</b>	<b>Yes</b>	<b>No</b>	30. Do you have groin pain or a painful bulge or hernia in the groin area?		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			31. Have you had infectious mononucleosis (mono) within the last month?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			32. Do you have any rashes, pressure sores, or other skin problems?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?			33. Have you had a herpes or MRSA skin infection?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease <input type="checkbox"/> Other: _____			34. Have you ever had a head injury or concussion?		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
10. Do you get lightheaded or feel more short of breath than expected during exercise?			36. Do you have a history of seizure disorder?		
11. Have you ever had an unexplained seizure?			37. Do you have headaches with exercise?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
<b>HEART HEALTH QUESTIONS ABOUT YOUR FAMILY</b>	<b>Yes</b>	<b>No</b>	39. Have you ever been unable to move your arms or legs after being hit or falling?		
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?			40. Have you ever become ill while exercising in the heat?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?			41. Do you get frequent muscle cramps when exercising?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			42. Do you or someone in your family have sickle cell trait or disease?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			43. Have you had any problems with your eyes or vision?		
<b>BONE AND JOINT QUESTIONS</b>	<b>Yes</b>	<b>No</b>	44. Have you had any eye injuries?		
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			45. Do you wear glasses or contact lenses?		
18. Have you ever had any broken or fractured bones or dislocated joints?			46. Do you wear protective eyewear, such as goggles or a face shield?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			47. Do you worry about your weight?		
20. Have you ever had a stress fracture?			48. Are you trying to or has anyone recommended that you gain or lose weight?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)			49. Are you on a special diet or do you avoid certain types of foods?		
22. Do you regularly use a brace, orthotics, or other assistive device?			50. Have you ever had an eating disorder?		
23. Do you have a bone, muscle, or joint injury that bothers you?			51. Do you have any concerns that you would like to discuss with a doctor?		
24. Do any of your joints become painful, swollen, feel warm, or look red?			<b>FEMALES ONLY</b>		
25. Do you have any history of juvenile arthritis or connective tissue disease?			52. Have you ever had a menstrual period?		
			53. How old were you when you had your first menstrual period?		
			54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

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# PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM



(The physical examination must be performed on or after April 1 by a physician holding an unlimited license to practice medicine, a nurse practitioner or a physician assistant to be valid for the following school year.) – IHSAA By-Law 3-10

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

### PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
  - Do you feel stressed out or under a lot of pressure?
  - Do you ever feel sad, hopeless, depressed, or anxious?
  - Do you feel safe at your home or residence?
  - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
  - During the past 30 days, did you use chewing tobacco, snuff, or dip?
  - Do you drink alcohol or use any other drugs?
  - Have you ever taken anabolic steroids or used any other performance supplement?
  - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
  - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION			
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female	
BP / ( / )	Pulse	Vision R 20/	L 20/ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS	
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			
Eyes/ears/nose/throat • Pupils equal • Hearing			
Lymph nodes			
Heart* • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)			
Pulses • Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary (males only) <sup>†</sup>			
Skin • HSV, lesions suggestive of MRSA, tinea corporis			
Neurologic <sup>‡</sup>			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional • Duck-walk, single leg hop			

\*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.  
<sup>†</sup>Consider GU exam if in private setting. Having third party present is recommended.  
<sup>‡</sup>Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for \_\_\_\_\_
- Not cleared
- Pending further evaluation
  - For any sports
  - For certain sports \_\_\_\_\_
- Reason \_\_\_\_\_

Recommendations \_\_\_\_\_

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians). (The physical examination must be performed on or after April 1 by a physician holding an unlimited license to practice medicine, a nurse practitioner or a physician assistant to be valid for the following school year.) – IHSAA By-Law 3-10

Name of physician (print/type) (MD, DO, NP, or PA) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician (MD, DO, NP, or PA) \_\_\_\_\_ License # \_\_\_\_\_

# ■ PREPARTICIPATION PHYSICAL EVALUATION IHSAA ELIGIBILITY RULES



## INDIVIDUAL ELIGIBILITY RULES (Grades 9 through 12)

**ATTENTION ATHLETE:** Your school is a member of the IHSAA and follows established rules. To be eligible to represent your school in interschool athletics, you:

1. must be a regular bona fide student in good standing in the school you represent; must have enrolled not later than the fifteenth day of the current semester.
2. must have completed 10 separate days of organized practice in said sport under the direct supervision of the high school coaching staff preceding date of participation in interschool contests. (Excluding Girls Golf – See Rule 101)
3. must have received passing grades at the end of their last grading period in school in at least seventy percent (70%) of the maximum number of full credit subjects (or the equivalent) that a student can take and must be currently enrolled in at least seventy percent (70%) of the maximum number of full credit subjects (or the equivalent) that a student can take. Semester grades take precedence.
  - ... unless you are entering the ninth grade for the first time.
  - ... unless you are transferring from a school district or territory with a corresponding bona fide move on the part of your parents.
  - ... unless you are a ward of a court; you are an orphan, you reside with a parent, your former school closed, your former school is not accredited by the state accrediting agency in the state where the school is located, your transfer was pursuant to school board mandate, you attended in error a wrong school, you transferred from a correctional school, you are emancipated, you are a foreign exchange student under an approved CSIET program. You must have been eligible from the school from which you transferred.
6. must not have been enrolled in more than eight consecutive semesters beginning with grade 9.
7. must be an amateur (have not participated under an assumed name, have not accepted money or merchandise directly or indirectly for athletic participation, have not accepted awards, gifts, or honors from colleges or their alumni, have not signed a professional contract).
8. must have had a physical examination between April 1 and your first practice and filed with your principal your completed Consent and Release Certificate.
9. must not have transferred from one school to another for athletic reasons as a result of undue influence or persuasion by any person or group.
10. must not have received in recognition of your athletic ability, any award not approved by your principal or the IHSAA.
11. must not accept awards in the form of merchandise, meals, cash, etc.
12. must not participate in an athletic contest during the IHSAA authorized contest season for that sport as an individual or on any team other than your school team. (See Rule 15-1a) (Exception for outstanding student-athlete – See Rule 15-1b)
13. must not reflect discredit upon your school nor create a disruptive influence on the discipline, good order, moral or educational environment in your school.
14. students with remaining eligibility must not participate in tryouts or demonstrations of athletic ability in that sport as a prospective post-secondary school student-athlete. Graduates should refer to college rules and regulations before participating.
15. must not participate with a student enrolled below grade 9.
16. must not, while on a grade 9 junior high team, participate with or against a student enrolled in grade 11 or 12.
17. must, if absent five or more days due to illness or injury, present to your principal a written verification from a physician licensed to practice medicine, stating you may participate again. (See Rule 3-11 and 9-14.)
18. must not participate in camps, clinics or schools during the IHSAA authorized contest season. Consult your high school principal for regulations regarding out-of-season and summer.
19. girls shall not be permitted to participate in an IHSAA tournament program for boys where there is an IHSAA tournament program for girls in that sport in which they can qualify as a girls tournament entrant.

*This is only a brief summary of the eligibility rules.*

*You may access the IHSAA Eligibility Rules (By-Laws) at [www.ihsaa.org](http://www.ihsaa.org)*

*Please contact your school officials for further information and before participating outside your school.*

*(Consent & Release Certificate - on back or next page)*

# PREPARTICIPATION PHYSICAL EVALUATION CONSENT & RELEASE CERTIFICATE



## I. STUDENT ACKNOWLEDGMENT AND RELEASE CERTIFICATE

- A. I have read the IHSAA Eligibility Rules (*next page or on back*) and know of no reason why I am not eligible to represent my school in athletic competition.
- B. If accepted as a representative, I agree to follow the rules and abide by the decisions of my school and the IHSAA.
- C. I know that athletic participation is a privilege. I know of the risks involved in athletic participation, understand that serious injury, and even death, is possible in such participation, and choose to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with full understanding of the risks involved, and agree to release and hold harmless my school, the schools involved and the IHSAA of and from any and all responsibility and liability, including any from their own negligence, for any injury or claim resulting from such athletic participation and agree to take no legal action against my school, the schools involved or the IHSAA because of any accident or mishap involving my athletic participation.
- D. I consent to the exclusive jurisdiction and venue of courts in Marion County, Indiana for all claims and disputes between and among the IHSAA and me, including but not limited to any claims or disputes involving injury, eligibility or rule violation.
- E. I give the IHSAA and its assigns, licensees and legal representatives the irrevocable right to use my picture or image and any sound recording of me, in all forms and media and in all manners, for any lawful purposes.

**I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE PROVISION. (to be signed by student)**

Date: \_\_\_\_\_ Student Signature: (X) \_\_\_\_\_

Printed: \_\_\_\_\_

## II. PARENT/GUARDIAN/EMANCIPATED STUDENT CONSENT, ACKNOWLEDGMENT AND RELEASE CERTIFICATE

- A. Undersigned, a parent of a student, a guardian of a student or an emancipated student, hereby gives consent for the student to participate in the following interschool sports **not marked out**:  
**Boys Sports:** Baseball, Basketball, Cross Country, Football, Golf, Soccer, Swimming, Tennis, Track, Wrestling.  
**Girls Sports:** Basketball, Cross Country, Golf, Gymnastics, Soccer, Softball, Swimming, Tennis, Track, Volleyball.
- B. Undersigned understands that participation may necessitate an early dismissal from classes.
- C. Undersigned consents to the disclosure, by the student's school, to the IHSAA of all requested, detailed financial (athletic or otherwise), scholastic and attendance records of such school concerning the student.
- D. Undersigned knows of and acknowledges that the student knows of the risks involved in athletic participation, understands that serious injury, and even death, is possible in such participation and chooses to accept any and all responsibility for the student's safety and welfare while participating in athletics. With full understanding of the risks involved, undersigned releases and holds harmless the student's school, the schools involved and the IHSAA of and from any and all responsibility and liability, including any from their own negligence, for any injury or claim resulting from such athletic participation and agrees to take no legal action against the IHSAA or the schools involved because of any accident or mishap involving the student's athletic participation.
- E. Undersigned consents to the exclusive jurisdiction and venue of courts in Marion County, Indiana for all claims and disputes between and among the IHSAA and me or the student, including but not limited to any claims or disputes involving injury, eligibility, or rule violation.
- F. Undersigned gives the IHSAA and its assigns, licensees and legal representatives the irrevocable right to use any picture or image or sound recording of the student in all forms and media and in all manners, for any lawful purposes.
- G. Please check the **appropriate space**:
 

<input type="checkbox"/> The student has school student accident insurance.	<input type="checkbox"/> The student has football insurance through school.
<input type="checkbox"/> The student has adequate family insurance coverage.	<input type="checkbox"/> The student does not have insurance.

Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE PROVISION.**

(to be completed and signed by all parents/guardians, emancipated students; where divorce or separation, parent with legal custody must sign)

Date: \_\_\_\_\_ Parent/Guardian/Emancipated Student Signature: (X) \_\_\_\_\_

Printed: \_\_\_\_\_

Date: \_\_\_\_\_ Parent/Guardian Signature: (X) \_\_\_\_\_

Printed: \_\_\_\_\_

### CONSENT & RELEASE CERTIFICATE

Indiana High School Athletic Association, Inc.  
9150 North Meridian St., P.O. Box 40650  
Indianapolis, IN 46240-0650

File In Office of the Principal  
Separate Form Required for Each School Year

**HAMILTON HEIGHTS HIGH SCHOOL  
ATHLETIC HANDBOOK AND RANDOM DRUG TESTING POLICY  
STUDENT CERTIFICATION OF KNOWLEDGE AND RELEASE**

I have read the Hamilton Heights High School Athletic Handbook provided for me on our athletic website ([www.hhschuskie.org](http://www.hhschuskie.org)) and Random Drug Testing (RDT) Policy for student athletes. I believe I am eligible to represent my present school in athletics and agree to abide by said rules and regulations of my school and the IHSAA. To the best of my knowledge, I have suffered no injury or illness in the past that would hinder my participation in my chosen sports(s).

I acknowledge that I have received the RDT policy or have read it on the athletic website and have been informed of and read the Code of Conduct for Hamilton Heights athletes. I understand the Code and RDT Policy applies to me year round and realize that I am subject to disciplinary measures should I violate the code. I do agree to participate and conduct myself in accordance with the rules of our athletic code and with any other specific rules of my coaches. I know that athletic participation is a privilege. I further understand and have been told that there is a risk of being injured that is inherent in all sports. I realize that the risk may be severe, including the risk of fracture, brain injury, paralysis, or even death, and choose to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with full understanding of the risks involved. I also understand that travel is necessary and accident causing injury is a possibility.

**I HAVE READ THE ABOVE CAREFULLY.**

(X) \_\_\_\_\_  
(Student Athlete Signature)

(X) \_\_\_\_\_  
(Printed)

(X) \_\_\_\_\_  
(Date)

**CONCUSSION and SUDDEN CARDIAC ARREST ACKNOWLEDGEMENT AND SIGNATURE FORM  
FOR PARENTS AND STUDENT ATHLETES**

Student Athlete's Name (Please Print): \_\_\_\_\_

Sports Participating In: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

IC 20-34-7 and IC 20-34-8 require schools to distribute information sheets to inform and educate student athletes and their parents on the nature and risk of concussion, head injury and sudden cardiac arrest to student athletes, including the risks of continuing to play after concussion or head injury. These laws require that each year, before beginning practice for an interscholastic or intramural sport, a student athlete and the student athlete's parents must be given an information sheet, and both must sign and return a form acknowledging receipt of the information to the Athletic Department.

IC 20-34-7 states a high school student athlete in Gr. 5-12 who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from play at the time of injury and may not return to play until the student athlete has received a written clearance from a licensed health care provider trained in the evaluation and management of concussions and head injuries, and at least 24 hours have passed since the injury occurred.

IC 20-34-8 states a student athlete who is suspected of experiencing symptoms of sudden cardiac arrest shall be removed from play and may not return to play until the coach has received verbal permission from a parent or legal guardian of the student athlete to return to play. Within 24 hours, this verbal permission must be replaced by a WRITTEN statement from the parent or guardian.

Parent/Guardian - please read the fact sheets regarding concussion and sudden cardiac arrest given to your student or provided on our athletic website ([www.hhschuskie.org](http://www.hhschuskie.org), HS – Athletics) and ensure that your student athlete has also read these fact sheets. After reading these sheets, please ensure that you and your student signs this form and have your student return to the athletic department.

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**As a student athlete, I have received and read both of the fact sheets regarding concussion and sudden cardiac arrest. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing play after concussion or head injury, and the symptoms of sudden cardiac arrest.**

(X) \_\_\_\_\_  
(Student Athlete Signature)

(X) \_\_\_\_\_  
(Date)

**I, as the parent or legal guardian of the above named student, have received and read both of the fact sheets regarding concussion and sudden cardiac arrest. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after head concussion or head injury, and the symptoms of sudden cardiac arrest.**

(X) \_\_\_\_\_  
Signature of Parent or Guardian)

(X) \_\_\_\_\_  
(Date)

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## HIPAA AUTHORIZATION FORM

I hereby authorize Riverview Health Sports Medicine (Riverview Health) to disclose the personal health information of \_\_\_\_\_ (Student) as follows:

The personal health information (PHI) of the Student which may be disclosed under this Authorization includes records of physical examinations performed by Riverview Health to determine the Student's eligibility to participate in classroom or other School sponsored activities; records of the evaluation, diagnosis and treatment of injuries which the Student incurred while engaging in School sponsored activities, including but not limited to practice sessions, training and competition; and other records as necessary to determine the Student's physical fitness to participate in School sponsored activities.

The PHI may be disclosed to the Hamilton Heights High School or Middle School (School) principal or assistant principal, athletic director, coach, physical education teacher, school nurse or other member of the School's administrative staff as necessary to evaluate the Student's eligibility to participate in School sponsored activities, including but not limited to interscholastic sports programs, physical education classes or other classroom activities. The PHI may also be disclosed to any other emergency medical personnel, hospital or other health care professional who evaluates, diagnoses or treats an injury, illness or other condition incurred by the Student while participating in these School sponsored activities. Lastly, the PHI may be disclosed to the School to document the sports medicine services provided by Riverview Health under contract.

I understand that Riverview Health has requested this authorization to disclose the PHI above so that the School, in conjunction with Riverview Health, can make certain decisions about the Student's health and ability to participate in certain classroom and School sponsored activities in accordance with the Health Information Portability and Accountability Act and its privacy and security regulations (HIPAA). The Student's participation in certain School sponsored activities is conditioned on the signing of this authorization.

I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken by Riverview Health in reliance on this authorization, by sending a written revocation to the School principal (or designee).

**NOTE: IF THE STUDENT IS UNDER 18 YEARS OF AGE, THIS AUTHORIZATION MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN TO BE VALID. IF THE STUDENT IS 18 YEARS OF AGE OR OVER, THE STUDENT MUST SIGN THIS AUTHORIZATION PERSONALLY.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name and Relationship to Student (if Signed by Parent or Guardian)

**THE STUDENT SHALL NOT BE CLEARED TO PARTICPATE IN INTERSCHOLASTIC ATHLETICS UNTIL THIS AUTHORIZATION HAS BEEN SIGNED AND RETURNED TO THE SCHOOL.**

**HAMILTON HEIGHTS SCHOOL CORPORATION STUDENT ATHLETE INFORMATION  
EMERGENCY CONTACT INFORMATION: CONSENT TO TREAT**

STUDENT SHALL NOT BE CLEARED TO PARTICPATE IN INTERSCHOLASTIC ATHLETICS UNTIL THIS FORM HAS BEEN SIGNED AND RETURNED TO THE SCHOOL

**STUDENT ATHLETE INFORMATION:**

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

**PARENT(S) GUARDIAN INFORMATION:**

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Street Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # ( ) \_\_\_\_\_ Work Phone # ( ) \_\_\_\_\_ Cellular # ( ) \_\_\_\_\_

Spouse's Name and Address if different from above \_\_\_\_\_

Home Phone # ( ) \_\_\_\_\_ Work Phone # ( ) \_\_\_\_\_ Cellular # ( ) \_\_\_\_\_

Preferred Hospital Network: \_\_\_\_\_

**IN AN EMERGENCY, IF PARENTS/GUARDIANS CANNOT BE CONTACTED:**

Contact Name \_\_\_\_\_ Contact Phone # ( ) \_\_\_\_\_

Relation to Athlete \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Doctor's Phone # ( ) \_\_\_\_\_

\_\_\_\_\_ List known allergies or current medications if any.

Consent is hereby granted to Riverview Health Sports Medicine to initiate any medical or first aid treatment for the above-named student athlete in the event of a significant accidental injury or illness. I understand that an attempt will be made to contact me in the most expeditious manner possible. If in that event I cannot be reached, the treatment necessary for the best interest of the above-named student athlete may be initiated. I have read the above statements and I hereby give my written consent. I have also been offered a copy of Riverview Health's Notice of Privacy Practices.

NOTE: IF THE STUDENT IS UNDER 18 YEARS OF AGE, THIS CONSENT MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN TO BE VALID. IF THE STUDENT IS 18 YEARS OF AGE OR OVER, THE STUDENT MUST SIGN THIS CONSENT PERSONALLY.

Signature \_\_\_\_\_

Print Name and Relationship to Student  
(if Signed by Parent or Guardian) \_\_\_\_\_

**Circle sports in which student participates:**

**Male:** Basketball Baseball X-Country Football  
Golf Soccer Stuntman Swimming / Diving  
Tennis Track Wrestling  
Off-Season Husy Sports Performance & Fitness

**Female:** Basketball Cheerleading X-Country Golf  
Soccer Softball Swimming Tennis  
Track Volleyball  
Off-Season Husky Sports Performance & Fitness