

BAY CITY PUBLIC SCHOOLS ATHLETIC MEDICAL AND CONSENT FORM

PLEASE COMPLETE BOTH SIDES OF THIS CARD

Name: _____ Sex: ___F___M Participation Fee: ___Yes

(Last Name) (First Name) (MI)

Address: _____ City: _____ Zip: _____

Birth Date: _____ Age: _____ Grade: _____ Sports: _____

Father/Guardian: _____ Ph.(home): _____ (work): _____ cell: _____

Mother/Guardian: _____ Ph.(home): _____ (work): _____ cell: _____

Family Doctor: _____ Ph.(work): _____

Health Insurance Co.: _____ Policy/Group#: _____ Phone: _____

PLEASE CIRCLE YES OR NO TO THE FOLLOWING QUESTIONS:

- | | |
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| <ul style="list-style-type: none"> Y N Currently taking any prescribed medicines? Y N Currently under treatment for a medical problem? Y N Previous hospitalization or serious illnesses? Y N Have you been knocked unconscious or had a concussion? Y N Have you ever passed out during or after exercising? Y N Have you ever been dizzy during or after exercising? Y N Any coughing during or after exercising? Y N Have you ever had chest pain during or after exercising? Y N Have you ever had high blood pressure or heart conditions? Y N Any muscle weakness or numbness in arms or legs? Y N Any heat related cramps, exhaustion, or passing out? Y N Have you ever sprained, dislocated, broken, or fractured any bones? Y N Family history of high blood pressure, heart attack, or diabetes? | <ul style="list-style-type: none"> Y N Any allergies? Y N Any past surgeries? Y N Any prior sports injuries? Y N Any missing organs? Y N Any recurring skin problems? Y N Do you wear glasses or contacts? Y N Do you have hearing problems? Y N Do you have any dental problems? Y N Any recurrent wheezing or asthma? Y N Any presence of hernia? Y N Any seizures, convulsions, or epilepsy? <p>Date of last Tetanus shot: _____</p> |
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USE THIS SPACE TO DETAIL ANY "YES" RESPONSES ABOVE: (ie. Allergies, known drug reactions, current prescribed medications)

PHYSICAL EXAM:

Height: _____	Weight: _____		
Blood Pressure: _____	Heart & Lungs:	Normal	Abnormal
Heart Rate: _____	Abdomen:	Normal	Abnormal
Head & Neck: Normal	Abnormal	Extremities & Joints: Normal	Abnormal

SPORTS PARTICIPATION CLEARANCE: This student athlete is cleared to participate in all interscholastic sport activities without reservations that are not crossed out below.

Baseball - Basketball - Bowling - Competitive Cheer - Cross Country - Equestrian - Football - Golf - Gymnastics
Ice Hockey - Lacrosse - Skiing - Soccer - Softball - Swimming - Tennis - Track - Volleyball - Wrestling

_____ PHYSICIAN'S SIGNATURE	_____ DATE	_____ TELEPHONE
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THIS EXAMINATION MUST TAKE PLACE ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR IN ORDER TO BE VALID FOR THE CURRENT SCHOOL YEAR.

BAY CITY PUBLIC SCHOOLS ATHLETIC DEPARTMENT

We agree that our daughter or son will abide by all of the rules of conduct as set forth in the Athletic Code of Conduct found in the Student Code of Conduct and by the Michigan High School Athletic Association. We also understand that athletic participation will be withheld by the school for violations of this Code as set forth within the document.

WE UNDERSTAND THAT THERE IS AN INHERENT RISK INVOLVED IN PARTICIPATION IN INTERSCHOLASTIC SPORT ACTIVITIES. SUCH RISK COULD RESULT IN CATASTROPHIC INJURY OR DEATH. IT IS UNDERSTOOD THAT EVEN THE BEST EQUIPMENT AND INTENTIONS OF COACHES CANNOT ALWAYS PREVENT SUCH INJURIES TO AN ATHLETE.

I hereby give my consent 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.

In the event of an injury sustained by my daughter or son during athletic participation, permission is hereby given authorizing emergency medical treatment by the athletic trainer and/or attending physician. In the event that a trainer or physician is not available, I understand that the coach will need to seek emergency medical treatment. 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.

We give our permission for our son or daughter to be transported by school or private bus. On occasion, private vehicles or rented vans, driven by coaches or parents who have been approved by the athletic department, will be used to transport athletes to game sites.

We understand that athletes are expected to travel to and from athletic events with their team. Only in unusual situations will the athletic department grant permission for athletes to be dismissed to their parents after contests. A request by parents to allow their daughter/son to travel with them must be in writing to the athletic director twenty-four hours in advance of the contest.

I give my consent for the release of confidential academic information – grade point average, class rank, ACT/SAT scores, and transcripts – in the event that our son or daughter is being considered for athletic awards or possible scholarship consideration by non-school organizations.

THE BAY CITY PUBLIC SCHOOLS HAVE ENACTED A PARTICIPATION FEE THAT MUST BE PAID WHEN THIS MEDICAL AND CONSENT FORM IS TURNED INTO THE ATHLETIC OFFICE. THIS FEE ALLOWS AN OPPORTUNITY TO PARTICIPATE ON OUR ATHLETIC TEAMS, BUT DOES NOT GUARANTEE PLAYING TIME, NOR PROVIDE INSURANCE COVERAGE.

THE BAY CITY PUBLIC SCHOOLS DO NOT PROVIDE MEDICAL INSURANCE COVERAGE FOR ATHLETES. ATHLETES AND THEIR PARENTS MUST UNDERSTAND THERE ARE SIGNIFICANT RISKS OF INJURY IN ATHLETIC PARTICIPATION. ATHLETES AND PARENTS ASSUME ANY AND ALL RISKS OF SUCH INJURY INCLUDING MEDICAL EXPENSES AND FEES. THE SCHOOL DISTRICT WILL NOT BE HELD FINANCIALLY LIABLE FOR INJURIES THAT OCCUR IN PRACTICES OR CONTESTS. **IF YOU DESIRE TO PURCHASE INSURANCE COVERAGE FOR YOUR DAUGHTER OR SON, THERE IS A PROGRAM PROVIDED BY FIRST AGENCY INSURANCE COMPANY. WE HAVE FORMS AVAILABLE FOR YOUR USE IN THE ATHLETIC OFFICE OF EACH HIGH SCHOOL AND MIDDLE SCHOOL.**

Student Signature: _____ **Date:** _____

Parent/Guardian Signature
Or 18 Year Old Student: _____ **Date:** _____