

Athletic Physical Exam and Emergency Contact Form

Submit this form to the Athletic Director **BEFORE** beginning tryouts or practice.
 A current year physical is one given **on or after April 15** of the previous school year.

STUDENT INFORMATION <small>PLEASE PRINT</small>							
STUDENT LAST NAME	FIRST	SEX M F	GRADE 7 8	AGE	DOB / /	SCHOOL YEAR	
STREET ADDRESS		CITY		STATE	ZIP	HOME PHONE	
List any medications you are currently taking:				List allergies (seasonal, medicine, food, insects)			

PHYSICAL EXAM								
<i>To be completed and signed by the examining MD, DO, PA or nurse practitioner and returned directly to the patient.</i>								
SYSTEM	NORMAL	ABN.	Orthopedic Exam	NORMAL	ABN.	Physical Exam	NORMAL	ABN.
Height _____ in			Neurologic			Lungs		
Weight _____ lbs			Muscular			Heart		
Pulse _____			Ears			Abdomen		
Blood Pressure _____ / _____			Nose			Hernia		
Urinalysis			Throat			Vision		
Physician Comments: <input type="checkbox"/> A. This student is physically able to participate in all athletic programs <input type="checkbox"/> B. Participation limited to certain sport/activity with these restrictions : <input type="checkbox"/> C. Approval withheld until additional tests or rehabilitation can be completed <input type="checkbox"/> D. No athletic participation								
Physician's Signature: _____ Circle One MD DO PA NP Physician's Name PRINTED _____ EXAM DATE _____								

Emergency and Authorization Form **(Completed annually for all students)**

STUDENT INFORMATION <small>PLEASE PRINT</small>					
STUDENT LAST NAME	FIRST	HOME PHONE			
EMERGENCY CONTACT INFORMATION					
FATHER'S NAME	PHONE #1	PHONE #2	MOTHER'S NAME	PHONE #1	PHONE #2
FAMILY DOCTOR	OFFICE PHONE	OTHER EMERGENCY CONTACT PERSON		PHONE #1	PHONE #2
PARENTAL ATHLETIC CONSENT					
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 and the MI High School Athletic Association.					
Parent Signature: _____ Date: _____ Student Signature (If 18 years old) _____ Date: _____					
PHOTO RELEASE					
I hereby grant to Annapolis High School and/or their legal representative, permission to use photographic portraits of my student(s) in school publications, yearbook, newsletters, and websites. I waive any right I may have to approve the finished product. I hereby release Annapolis High School, their representative, or those for whom they are acting, from any liability for any violation of any personal or proprietary right I may have in connection with the use of the above stated images.					
Parent Signature: _____ Date: _____					
MEDICAL TREATMENT CONSENT					
I recognize that school personnel may be unable to contact me and hereby consent in advance to necessary emergency care and to assume the expenses of such care.					
Medical Insurance Company: _____ Contract #: _____ Parent Signature: _____ Date: _____					

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