

**Portage Public Schools  
Athletic Physical Exam/Consent Form  
2010/2011**

Athlete's Name _____		Date of Birth _____		Age _____		Graduation Year _____	
Address _____				Gender (please circle)		M      F	
City _____		Zip Code _____		Home Phone _____			
Father's/Guardian's Name _____		Work Phone _____		Cell Phone _____			
Mother's/Guardian's Name _____		Work Phone _____		Cell Phone _____			
<b><u>EMERGENCY CONTACT-IF A PARENT/GUARDIAN CANNOT BE REACHED</u></b>							
Name _____		Relationship _____		Phone _____			
Athlete's Physician _____				Phone _____			
Hospital Preference _____							
Family Insurance Co. _____				Contract # _____			

**PARENT/GUARDIAN OR 18 YEAR-OLD CONSENT OF UNDERSTANDING AND ACCEPTANCE**

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 emblematic award or merchandise worth more than \$25.00 for participating in athletic events, nor have I ever competed under an assumed name. After I have represented my high school in any sport, I will not compete in any outside athletic contest in this sport until after the high school season has been completed.

This Statement of Understanding and Acceptance acknowledges that I/we have read, understand, and agree to follow the Portage Public Schools Athletic Handbook, the Portage Public Schools Student Handbook, Michigan High School Athletic Association policies, as well as guidelines established by the coach throughout the year.

I HEREBY GIVE my consent for the above-named student athlete to participate in interscholastic athletic activities. I realize that there is a risk of being injured that is inherent in all sports. I realize that the risk of injury may be severe, including the risk of fractures, brain injuries, paralysis, or even death.

BE IT KNOWN that I also give my consent for the above-named student to accompany the team as a member on its out-of-town trips. I understand that, on some occasions, coaches will allow athletes to ride with the parent/guardian of other team members to and/or from athletic events in privately-owned cars.

**PARENT/GUARDIAN OR 18 YEAR-OLD CONSENT for MEDICAL TREATMENT**

I recognize that medical treatment on an emergency basis may be necessary as a result of athletic participation, and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. My signature below attests that 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, and allow all medical information to be released and/or reviewed by Portage Public Schools, and for consent to disclosure to the MHSAA of information otherwise protected by FERPA and HIPAA for the purpose of determining eligibility for interscholastic athletics. I agree not to hold the school district financially liable for any injury received while participating in athletics during the current school year. I fully understand that it is my responsibility to pay, either through insurance coverage or personally, for all medical/surgery expenses related to my child's participation in interscholastic athletics.

I HEREBY acknowledge that the answers to all questions on this form are complete and correct. I accept and agree to abide by the policies and procedures of Portage Public Schools and the Michigan High School Athletic Association.

Athlete Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Athlete's Name \_\_\_\_\_

**MEDICAL HISTORY** Instructions: Check 'Yes' or 'No' next to the questions below. Explain 'Yes' answers in the space provided at the bottom.

**Past Medical History**

- Yes No
- Have you had a medical illness (other than cold or flu) since your last sports physical?
  - Have you had a serious injury (sports related or not) since your last sports physical?
  - Do you have any ongoing or chronic illnesses?
  - Have ever had any major surgery (other than tonsillectomy, adenoidectomy, or tooth extraction)?
  - Are you aware of any missing paired organs (ie. Eye, kidney, lung, or male/female genitalia)?

**Medications, Supplements, and Allergies**

- Are you currently taking any prescription medications?
- Has a doctor ever prescribed a mouth or nose inhaler?
- Are you currently taking any non-prescription or "over-the-counter" medications?
- Have you ever taken (or are you currently taking) any supplements to improve your performance?
- Have you ever taken (or are you currently taking) supplements to lose or gain weight?
- Do you have any allergies to medication?
- Do you have environmental allergies (ie. Molds, pollens, grass, or insects etc.)?
- Have you every developed hives or skin rash during or after exercise?

**Cardiovascular**

- Have you ever passed out during or after exercise?
- Have you ever been "dizzy" during or after exercise?
- Have you ever had chest pain during or after exercise?
- Do you get tired more quickly than your friends do during exercise?
- Have you ever had racing of your heart?
- Have you ever had your heart skip a beat during or after exercise?
- Has anyone ever told you that you have high blood pressure?
- Have you ever been told you have a heart murmur?
- Has anyone in your family died suddenly before the age of 50?
- Have you recently had a infection with a fever?
- Has a doctor ever denied or restricted your participation in sports for any heart problems?

**Skin Problems**

- Do you currently have any open, bleeding, oozing skin lesions or sores?
- Are you currently being treated for any skin disorders [acne, warts, infection, itching, rash, skin color change, or blisters]?

**Neurological**

- Yes No
- Have you ever had a concussion or head injury?
  - Have you ever been "knocked-out", been unconscious, or lost your memory?
  - Have you ever had a seizure?
  - Do you have frequent or severe headaches made worse by exercise?
  - Have you ever had numbness or tingling in your arms, hands, legs or feet?
  - Have you ever experienced a "stinger", "bumer", or pinched nerve?

**Heat Exposure**

- Have you ever become ill during or after exercising in the heat?
- Have you had recurrent heat related cramps?
- Have you ever passed out in the heat?

**Pulmonary**

- Do you cough, wheeze, or have trouble breathing during or after activity?
- Do you have asthma?

**Musculoskeletal**

- Do you use any protective or corrective braces (ie. knee brace, ankle brace, back brace, or neck roll) for sports?
- Have you had any sprains, strains or swelling after an injury?
- Have you had any fractured or broken bones?
- Have you had any dislocated joints?

**Eyes and Vision**

- Have you had any problems with your eyes or vision?
- Do you wear glasses, contacts, or protective eyewear?

**Weight**

- Are you trying to lose weight?

**Immunizations**

- Are your immunizations current?
- Have you had a tetanus shot in the last 5 to 10 years?
- Have you had chicken pox?

**Females**

- Did your menstrual periods begin more than 3 years ago?
- Do you have more, or less, than 10 menstrual periods in a year?
- Do your menstrual periods ever go away or stop when you exercise?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PHYSICAL EXAMINATION** (Completion of a pre-participation physical examination is not intended to be a substitute for a full physical evaluation by your physician.)

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Pulse: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

Vision Corrected: \_\_\_\_\_ Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_

	Normal	Abnormal
Appearance		
Eyes, Ears, Nose, Throat		
Lymph nodes		
Heart		
Pulses		
Lungs		
Abdomen		
Genitalia		
Skin		

	Normal	Abnormal
Neck		
Back		
Shoulder, Arm		
Elbow, Forearm		
Wrist, Hand		
Hip, Thigh		
Knee		
Leg, Ankle		
Foot		

**CLEARANCE**

- Cleared for all sports without restriction.
- Cleared after completing evaluation or rehabilitation for: \_\_\_\_\_
- Not Cleared for: Contact sports \_\_\_\_\_ Non-contact sports \_\_\_\_\_ Dynamic exercise \_\_\_\_\_ Static exercise \_\_\_\_\_

Specific sports: \_\_\_\_\_

Reason: \_\_\_\_\_

**Recommendations:**

Physician (Print) _____	Date _____
Address _____	Phone _____
Signature _____	