



**Athletic Participation/Physical Examination Form
Parental and Student Consent and Release
For Middle School Level (students enrolled in grades
5-8 participating in competition for grades 6-8)**

KHSAA Form MS21
Middle School
Parent Permission and Consent
Rev. 11/5/03 page 1 of 2
KHSAA 2003

The student and parents/guardian must read this statement carefully and sign where required. By signing this form, all parties agree that they have accurately completed all sections of the form and have read and agree to the terms of this form as detailed. This form must be completed before the student participates (hereinafter including try out for practice and/or compete) in interscholastic athletics. This form should be kept in a secure location until the student has exhausted eligibility, enrolled in high school and reached the age of sixteen (16).

ATHLETE INFORMATION
(This part must be completed by the student and family)

Name (Last, First, Initial) _____ School Year _____
Home Address (Street, City, State, Zip): _____
Gender _____ Grade _____ School _____
Date of Birth: _____ Birth Place (County, State): _____

I am planning to participate in the following (check all you might try to play):

- | | | | | | |
|-----------------------------------|---------------------------------------|--|--|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Cross Country | <input type="checkbox"/> Football | <input type="checkbox"/> Golf | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Softball | <input type="checkbox"/> Swimming | <input type="checkbox"/> Tennis | <input type="checkbox"/> Track and Field | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Archery | <input type="checkbox"/> Bass Fishing | <input type="checkbox"/> Bowling | <input type="checkbox"/> Competitive Cheer | <input type="checkbox"/> Other _____ | |

EMERGENCY CONTACT INFORMATION

Name (please print) _____ Relation to Student _____

Emergency Contact Address, including City, State and Zip _____

Daytime Phone _____ Cell Phone _____

OPTIONAL INSURANCE INFORMATION (only for purpose of emergency treatment)

_____ Insurance Carrier	_____ Policy Number / ID Number	_____ Group Number	_____ Plan
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OPTIONAL EMERGENCY TREATMENT INFORMATION

The following information is recorded solely for potential hospitalization and emergency care needs and is not required to be recorded on this form. However, those failing to provide this information should be aware that this might be required by emergency treatment facilities prior to rendering service, and failure to provide could result in lack of appropriate care.

Social Security Number _____ Birth Date _____

**CONSENT INFORMATION TO PARTICIPATE, ACKNOWLEDGMENT OF RISK, ACKNOWLEDGEMENT OF ELIGIBILITY RULES,
LIABILITY WAIVER AND CONSENT AND RELEASE**

As parent/legal guardian, I agree to allow my child to participate in interscholastic athletics.

The parent/legal guardian recognize that participation in interscholastic athletics involves some inherent risks for potentially severe injuries, including but not limited to death, serious neck, head and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of the body, or effects to the general health and well being of the child. Because of these inherent risks, the parent/legal guardian recognize the importance of the student obeying the coaches' instructions regarding playing techniques, training and other team rules. By signing this form, the parent/legal guardian acknowledge that the student's participation is wholly voluntary and to having read and understood this provision.

The student and parent/legal guardian individually and on behalf of the student, hereby irrevocably, and unconditionally release, acquit, and forever discharge the KHSAA and its officers, agents, attorneys, representatives and employees (collectively, the "Releasees") from any and all losses, claims, demands, actions and causes of action, obligations, damages, and costs or expenses of any nature (including attorney's fees) that the student and/or parent/legal guardian incur or sustain to person, property or both, which arise out of, result from, occur during or are otherwise connected with the student's participation in interscholastic athletics if due to the ordinary negligence of the Releasees.

The student and parent/legal guardian, individually and on behalf of this student, give the high school, the KHSAA and their representatives permission to release this student's demographic information (including motion picture and still photographic images) and participation statistics (including height, weight and year in school, participation history and other performance based statistics) and other information as may be requested, and agree that the student may be photographed or otherwise digitally or electronically captured during school-based competition. All of this material may be used without permission or compensation specifically related to the KHSAA and its events.

The student and parent/legal guardian consent to this student receiving a physical examination as required by the KHSAA.

The student and parent/legal guardian, individually and on behalf of this student, consent to the school and the KHSAA and their representatives to use and disclose the necessary personally identifiable information from the student's education records including academic, financial and health care information, to third parties including school representatives, coaches, athletic trainers, medical facilities, medical staffs, KHSAA legal counsel and the media, for the purpose of receiving proper/necessary medical care and complying with the KHSAA bylaws, including making determinations regarding eligibility to participate in interscholastic athletics and any administrative or legal proceedings resulting from participation or attempted participation in interscholastic athletics, without such disclosure constituting a violation of rights under the Family Educational Rights and Privacy Act. The student and parent/legal guardian, individually and on behalf of this student, further release the school, the KHSAA and their representatives from any and all claims arising out of the use and disclosure of said necessary personally identifiable information, and agree to release to the school, the KHSAA, and their representatives, upon request, the detailed and completed application for financial aid.

The student and parent/legal guardian, individual and on behalf of the student, hereby acknowledge that they are aware of and will review if desired, the education materials available through the KHSAA, the Centers for Disease Control and other agencies regarding education all individuals with respect to nature and risk of concussion and head injury, including the continuance of play after concussion or head injury.

The student and parent/legal guardian, individual and on behalf of the student, hereby consent to allow the student to receive medical treatment that may be deemed advisable by the school, the KHSAA, and their representatives in the event of injury, accident or illness while participating in interscholastic athletics, including, but not limited to, transportation of the student to a medical facility.

**STUDENT AND PARENT/GUARDIAN ACKNOWLEDGMENT OF RISK, ELIGIBILITY RULES, LIABILITY WAIVER AND
CONSENT AND RELEASE AND EMERGENCY PERMISSION FORM**

Students' Name (please print) School

Student and Parent/Guardian Address including City, State and Zip

Signature of Student Date

Please list above any health problems/concerns this student may have, including allergies (medications / others) and any medications presently being used

Name of Parent(s)/Guardian(s) who has/have custody of this student (please print) Emergency Phone Number

Signature of Parent(s)/Guardian(s) who has/have custody of this student Date

Each individual group meeting the requirements of 702 KAR 7:065, Section 3(x) may have supplement waivers and disclaimer requirements. In this case, both the MS01 and the required form of the approved group would be required.

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM



This form is provided as a voluntary questionnaire for the purpose of determining an athlete's eligibility for participation in interscholastic sports. It is not intended to be a medical examination. It is the responsibility of the parent/guardian to provide accurate information. This form is not a substitute for a physical examination by a licensed health care professional.

Name: _____ Date: _____
 School: _____

Medicines and Allergies: _____

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 <input type="checkbox"/> 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?		
HEART HEALTH QUESTIONS ABOUT YOU			HEART HEALTH QUESTIONS ABOUT YOU		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			30. Do you have groin pain or a painful bulge or hernia in the groin area?		
6. Have you ever had discomfort (pain, tightness, or pressure) in your chest during exercise?			31. Have you had infectious mononucleosis (mono) within the last month?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?			32. Do you have any rashes, pressure sores, or other skin problems?		
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 _____			33. Have you had a herpes or MRSA skin infection?		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			34. Have you ever had a head injury or concussion?		
10. Do you get lightheaded or feel more short of breath than expected during exercise?			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
11. Have you ever had an unexplained seizure?			36. Do you have a history of seizure disorder?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?			37. Do you have headaches with exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY			HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		
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)?			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
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?			39. Have you ever been unable to move your arms or legs after being hit or falling?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			40. Have you ever become ill while exercising in the heat?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			41. Do you get frequent muscle cramps when exercising?		
BONE AND JOINT QUESTIONS			BONE AND JOINT QUESTIONS		
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			42. Do you or someone in your family have sickle cell trait or disease?		
18. Have you ever had any broken or fractured bones or dislocated joints?			43. Have you had any problems with your eyes or vision?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			44. Have you had any eye injuries?		
20. Have you ever had a stress fracture?			45. Do you wear glasses or contact lenses?		
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 cervicalism)			46. Do you wear protective eyewear, such as goggles or a face shield?		
22. Do you regularly use a brace, orthotics, or other assistive device?			47. Do you worry about your weight?		
23. Do you have a bone, muscle, or joint injury that bothers you?			48. Are you trying to or has anyone recommended that you gain or lose weight?		
24. Do any of your joints become painful, swollen, feel warm, or lock red?			49. Are you on a special diet or do you avoid certain types of foods?		
25. Do you have any history of juvenile arthritis or connective tissue disease?			50. Have you ever had an eating disorder?		
			51. Do you have any concerns that you would like to discuss with a doctor?		
			FEMALES ONLY		
			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



11/11

2014-15

PROVIDER REMINDERS

1. This form is to be completed by the physician or other qualified health care provider.
2. This form is to be completed by the physician or other qualified health care provider.
3. This form is to be completed by the physician or other qualified health care provider.
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5. This form is to be completed by the physician or other qualified health care provider.
6. This form is to be completed by the physician or other qualified health care provider.
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9. This form is to be completed by the physician or other qualified health care provider.
10. This form is to be completed by the physician or other qualified health care provider.

EXAMINATION	Normal	Abnormal Findings
MEDICAL	NORMAL	ABNORMAL FINDINGS
Neurologic • Marfan sign(s) (hyperlordosis) hyperlordosis before pedunculation on knee(s), or a midsagittal hyperlordosis, myopia, MVP, aortic insufficiency		
Eyes (color, transit) • Pupils equal • Hearing		
Lymph nodes		
Heart • Murmurs (regulation standing, supine + - Valvular) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only)		
Skin • HSV lesions suggestive of HSV-1 (cold sores)		
Neurologic		
MUSCULOSKELETAL		
Neck		
Back		
Shoulders		
Elbows (flexion)		
Wrist/hand (flexion)		
Leg (bent)		
Knees		
Leg (ankle)		
Feet (flex)		
Functional • Single-leg hop		

Check all applicable boxes and refer to each box for abnormal findings or exam considerations. Check all applicable boxes that apply to your patient's condition. Consider appropriate evaluation and treatment recommendations for each abnormal finding.

- Cleared for all sports w/ clear restriction
 - Cleared for all sports w/ blood 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).

Name of physician (print type) _____ Date _____
 Address _____ Phone _____
 Signature of physician _____ MD or DO _____

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