

1. (Last) (First) (Initial) School Year _____
 2. Address: (Street) (City, State, zip)
 of Birth: Birth Place (County, State):
 is my year at year since entering ninth grade. Last year I attended School and my

3. I am planning to participate in the following (circle all you might try to play):
 Baseball Cross Country Golf Softball Tennis Volleyball
 Basketball Football Soccer Swimming Track Wrestling
 Field Hockey Other: _____

PART II - MEDICAL HISTORY

4. This form must be completed by parent and athlete prior to the time of the physical exam and presented to the authorized health care provider before the physical.

5. THE APPROPRIATE RESPONSE TO EACH ITEM:
 YES NO
 1. Have you ever been hospitalized? YES NO
 2. Have you ever had surgery of any kind (e.g., tonsillectomy, hernia, appendectomy, etc.)? YES NO
 3. Do you presently take any medications or pills? YES NO
 4. Do you have any allergies (medicine, bees, or other insects)? YES NO
 5. Have you ever passed out during exercise? YES NO
 6. Have you ever been dizzy during or after exercise? YES NO
 7. Have you ever had chest pain during or after exercise? YES NO
 8. Have you ever had high blood pressure? YES NO
 9. Have you ever been told you have a heart murmur? YES NO
 10. Have you ever had racing of your heart? YES NO
 11. Has anyone in your family died of heart problems before 50? YES NO
 12. Do you have any skin problems? (itching, rashes, acne) YES NO
 13. Have you ever had a head injury? YES NO
 14. Have you ever been knocked out or unconscious? YES NO
 15. Have you ever had a seizure or suffer from epilepsy? YES NO
 16. Have you ever had a slinger, burner or pinched nerve? YES NO
 17. Have you ever had heat related problems? YES NO
 18. Have you ever been dizzy or passed out in the heat? YES NO
 19. Do you cough heavily, or breath heavily during activity? YES NO
 20. Do you use any special equipment (e.g., knee brace)? YES NO
 21. Have you had any problems with your eyes or vision? YES NO
 22. Have you ever sprained/strained, dislocated, fractured, broken or had treated swelling or other injuries of any bones? YES NO
 23. Do you miss any of your paired organs (e.g., eyes)? YES NO
 24. Have you ever been diagnosed with any form of asthma? YES NO
 25. Do you use an inhaler for asthma? YES NO
 26. Do you administer insulin to yourself? YES NO
 27. Do you presently use tobacco in any form? YES NO
 28. Do you have a history of sickle-cell anemia in your family? YES NO
 29. Have you had any other medical problems? YES NO
 30. Have you had a medical problem or injury within the last year? YES NO
 31. Do you swim? YES NO
 32. When was your last tetanus shot? _____
 33. Explain any YES answers from questions 1-18. _____

NAME: _____ SEX: _____
 SCHOOL: _____ HEIGHT: _____ WEIGHT: _____ BP: _____ / _____
 VISION: R-20/ _____ L-20/ _____ BOTH-20/ _____
 GRADE _____
 PULSE _____
 CORRECTED? Y N

	Normal	Abnormal	Comment
HEART			
Rhythm (Regular/Irregular)			
Murmur (supine)			
Murmur (standing)			
ENT			
Lungs			
Skin			
Abdominal			
Genitalia			
Musculoskeletal			
Neck			
Shoulder			
Elbow			
Wrist			
Hand			
Back			
Knee			
Ankle			
Foot			
Dental			
Other			

I have reviewed the data above, reviewed the student's medical history and make the following recommendations on participation in athletics:

1. Cleared _____
2. Cleared after additional evaluation for _____
3. Restricted from participating in the sports of _____
4. Cleared to participate in the sports of _____

Recommendations/Restriction _____

In accordance with KHSAA Bylaws, I have examined the physical condition of the student and find the said pupil to be physically fit to practice for and participate in interscholastic athletic contests.

Authorized Signature _____ Date _____
 Authorized Provider's Name (please print) _____
 Address _____ Phone _____
 Date _____ City, State, Zip _____

IV - ACKNOWLEDGMENT OF RISK, STATEMENT OF HAZARDS IN PARTICIPATION IN ATHLETICS AND PARENTAL CONSENT

Student athlete and the parent/guardian should read this statement carefully. You should be aware that participating in any sport can be a dangerous activity with many risks of injury. The dangers and risks of playing, practicing, or participating in many sports include, but are 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, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or damage to other aspects of the body, general health and well being. Because of the dangers of participating in sports, training and other team rules and obey such instructions. I acknowledge receipt of the included eligibility information with the purpose and spirit of KHSAA Bylaws. I understand additional rules may apply to participation in sports, I also am aware of the risk of a wide range of injuries to my child as a result of participation in sports. I also am aware of the risk of a higher risk of injury to my child as a result of participation in sports.

I am planning to participate in the following (circle all you might try to play):
Baseball Cross Country Golf Softball Tennis Volleyball
Basketball Football Soccer Swimming Track Wrestling
Other: _____

I give my consent and approval for this student-athlete to receive a physical examination, as required by KHSAA and acknowledge the risks inherent with participation. I understand that my child must have insurance coverage for a school representative to be eligible to participate in interscholastic athletic activities. I also understand the personal safety of the student is of first importance. In event of needed professional medical care, I give my permission for a representative of the school to transport my child to the nearest medical facility and for staff of that facility to render treatment.

(To be completed and signed by parent/guardian)

Signature of Parent/Guardian _____ Date _____
Student's Name _____
High School _____
Parent's Name (please print) _____
Address _____
Phone No. _____
Insurance Carrier _____
Insurance Policy Number _____

Students desiring to participate in interscholastic activities must also complete KHSAA Form WR101 and required attachments between 9/1/06 and 12/31/06.

PART V. ATHLETES' ACKNOWLEDGMENT OF RISK AND PARTICIPATION
As an athlete I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, etc., and agree to obey such instructions in order to be safe and try to avoid injury. I also give school representatives permission to release my demographic information and playing or participation statistics and other information as may be requested, and agree that I may be photographed or otherwise captured during competition and such image may be used without my permission.

PART VI - EMERGENCY PERMISSION FORM
(To be completed by parent / guardian)

Signature of Athlete _____
STUDENT NAME _____
SOC. SEC. NO. _____
ADDRESS _____
CITY/STATE/ZIP _____
SCHOOL _____
BIRTH DATE _____
PHONE _____
PERSON TO CONTACT IN CASE OF MEDICAL EMERGENCY:
NAME _____
RELATION _____
ADDRESS _____
CITY/STATE/ZIP _____
DAYTIME PHONE _____
EVENING PHONE _____
Please list any health problems/concerns your child may have, including allergies (medications / others) and any medications presently being used: _____

In the event that an athletic injury should occur to the above named student-athlete I give my permission for them to receive proper/necessary care from a certified athletic trainer or coach employed by or representing School. Furthermore, in the event that a medical emergency should occur and I cannot be contacted I give my permission for a school representative (e.g. coach, athletic trainer) to arrange for ambulance service to the nearest medical facility. I also give permission for the staff of the medical facility to render treatment which is considered necessary for the student-athletes well being.

Parent/Guardian Signature: _____
Date: _____

Emergency permission for my child to be transported to a hospital or other medical facility and for medical personnel to provide medical care to my child is hereby granted. I understand that my child must have insurance coverage for a school representative to be eligible to participate in interscholastic athletic activities. I also understand the personal safety of the student is of first importance. In event of needed professional medical care, I give my permission for a representative of the school to transport my child to the nearest medical facility and for staff of that facility to render treatment.