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)

PART I - ATHLETE INFORMATION (This part must be completed by the student)

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):

[ ] Baseball  [ ] Basketball  [ ] Cross Country  [ ] Football  [ ] Golf  [ ] Soccer
[ ] Softball  [ ] Swimming  [ ] Tennis  [ ] Track and Field  [ ] Volleyball  [ ] Wrestling
[ ] Archery  [ ] Bass Fishing  [ ] Bowling  [ ] Competitive Cheer  [ ] Other

PART II - MEDICAL HISTORY

Parent and student complete this part and present to the authorized health care provider before the physical.

CHECK THE APPROPRIATE RESPONSE TO EACH ITEM:

1. Have you ever been hospitalized? [ ] YES [ ] NO
2. Have you ever had surgery of any kind (e.g., tonsillectomy)? [ ] YES [ ] NO
3. Are you presently taking 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 stinger, burn 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 breathe 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 repeated swelling or other injuries of any bones? [ ] YES [ ] NO
23. Are you missing one of any paired organs (e.g., eyes)? [ ] YES [ ] NO
24. Have you ever been diagnosed with any form of asthma? [ ] YES [ ] NO
25. Are you using an inhaler for asthma? [ ] YES [ ] NO
26. Are you diabetic? [ ] YES [ ] NO
27. Do you administer insulin to yourself? [ ] YES [ ] NO
28. Are you presently using tobacco in any form? [ ] YES [ ] NO
29. Do you have a history of sickle-cell anemia in your family? [ ] YES [ ] NO
30. Have you had any other medical problems? [ ] YES [ ] NO
31. Have you had a medical problem or injury within the last year? [ ] YES [ ] NO
32. Can you swim? [ ] YES [ ] NO
33. When was your last tetanus shot? ___________________________

Please explain any YES answers from questions 1-31:

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PART III - PHYSICAL EXAMINATION

This part must be completed per KRS 156.070 (2)(d) and be signed by a physician, physician assistant, advanced practice registered nurse, or chiropractor (if performed within the chiropractor’s scope of practice).

PATIENT NAME: ____________________________________________

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<th>HEART</th>
<th>Normal</th>
<th>Abnormal</th>
<th>Comment</th>
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<td>Rhythm (Regular/Irregular)</td>
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<td>Murmur (supine)</td>
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<td>Murmur (standing)</td>
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<td>Dental</td>
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<td>Other</td>
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After having reviewed the data above and the student's medical history, I 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 only to participate in the sports of _________________________________

Recommendations/Restriction (attach additional if necessary) ____________________________________________________________

I have examined the physical condition of the student and find the said student to be physically fit to practice for and participate in interscholastic athletic contests.

Authorized Signature

Provider’s Name (please print) __________________________________________

Address: __________________________

City/State/Zip: ______________________

Date: ___________________________

Phone: ___________________________

KRS 156.070 (2)(d) states: “Every local board of education shall require an annual medical examination performed and signed by a physician, physician assistant, advanced practice registered nurse, or chiropractor (if performed within the professional's scope of practice), for each student seeking eligibility to participate in any school athletic activity or sport.”

As such, this Physical Examination is valid for one year from date administered should be kept in a secure location until the student has exhausted eligibility, graduated from high school and reached the age of 19.
PART IV - STUDENT AND PARENT/GUARDIAN ACKNOWLEDGMENT OF RISK, ELIGIBILITY RULES, LIABILITY WAIVER AND CONSENT AND RELEASE AND EMERGENCY PERMISSION FORM

This part must be completed by student and custodial parent / guardian. This form must be reproduced in order for a copy to travel with respective athlete. 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 Part V as detailed.

_________________________________________________________  ___________________________________________________________
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

OPTIONAL INSURANCE INFORMATION (only for purpose of emergency treatment)

_________________________________________________________  ___________________________________________________________
Insurance Carrier                                                  Policy Number

EMERGENCY CONTACT INFORMATION

_________________________________________________________  ___________________________________________________________
Name (please print)                                                  Relation to Student

_________________________________________________________
Emergency Contact Address, including City, State and Zip

_________________________________________________________
Daytime Phone                                                        Cell Phone

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

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 Part V 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, graduated from high school and reached the age of 19.
PART V – CONSENT INFORMATION TO PARTICIPATE, ACKNOWLEDGMENT OF ELIGIBILITY RULES, LIABILITY WAIVER AND CONSENT AND RELEASE

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 Part V 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, graduated from high school and reached the age of 19.

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.

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 parent 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 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, individually 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.