

Mt. Pleasant Public Schools Physical Form

School: _____

Entering Grade: _____

Name of Athlete _____ Date of Birth ____/____/____ Male Female
Last First MI

Home Address _____
Street City Zip code

Parent / Guardian _____ Phone (____) _____ - _____ Cell Phone (____) _____ - _____

Place of Business _____ Work Phone (____) _____ - _____ ext _____

Parent / Guardian _____ Phone (____) _____ - _____ Cell Phone (____) _____ - _____

Place of Business _____ Work Phone (____) _____ - _____ ext _____

Emergency Contact _____ Phone (____) _____ - _____ other than parent / guardian

Name of Insurance _____ Policy Holder's Name _____

Group # _____ Policy # _____

I hereby agree that the above information is accurate.

► **Parent / Guardian Signature** _____ Date ____/____/____

Medical Emergency and or Athletic Training Consent for Treatment

Mt. Pleasant Public Schools contracts a Certified Athletic Trainer who is qualified to evaluate and treat many injuries. The Athletic Trainer works under the direction of Central Michigan Healthcare System and the Mt. Pleasant High School Athletic Department. In the event that a Physician consultation is required for your child, the Athletic Trainer will contact the parent / guardian either by phone or through written communication. In all cases, the parent/guardian has the right to determine from whom their child receives care. However, in the event of an emergency, the need for prompt action may preclude reaching the parent / guardian first. By filling out this form accurately and signing the appropriate statements that follow, you will allow Mt. Pleasant Public Schools to raise the level of care we can provide your student athlete.

I, hereby give my consent for _____ to participate in interscholastic athletics as offered by the Mt. Pleasant Public Schools and to accompany such teams, as a team member, on out of town trips.

Recognizing, that as a result of participation in interscholastic athletic contests and practice sessions, the possibility of injury exists. I grant permission to the Certified Athletic Trainer at Mt. Pleasant High School to evaluate and treat the above named athlete. I also grant permission to any other medical personnel to treat the above named athlete in the case of a medical emergency.

I agree to assume full financial responsibility for the treatment of such injuries and further agree not to hold Mt. Pleasant Public Schools liable for any such injuries incurred.

► **Parent / Guardian Signature** _____ Date ____/____/____

Student Athlete Agreement

I _____ understand that it is a privilege to compete in interscholastic athletics and that it is entirely volunteer on my part. I agree to adhere firmly to all established policies of Mt. Pleasant Public Schools and the Michigan High School Athletic Association (MHSAA).

► **Student Athlete Signature** _____ Date ____/____/____

*MPHS athletes please return completed form to Athletic Office **before** the start of the sport season.

* MPHS athletes **will not** be allowed to practice until form is turned into MPHS Athletic Office (989) 775-2204.

Name of Athlete _____ Entering Grade _____
Last First MI

Medical History

Medical information that is withheld or incorrect relieves Mt. Pleasant Public Schools from all medical-legal liability and may disqualify the athlete from participating in Mt. Pleasant Public School athletics.

Is athlete on any form of medication? No / If Yes, what? _____

Has athlete ever had?

Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No	Heart disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	Operation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hernia/ Rupture	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rheumatic fever	<input type="checkbox"/> Yes <input type="checkbox"/> No
Concussion	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hepatitis	<input type="checkbox"/> Yes <input type="checkbox"/> No	Seizure disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Kidney disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	Additional serious illness	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dislocation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Knee Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tetanus Toxoid last booster date:	____/____/____
Fracture	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mononucleosis	<input type="checkbox"/> Yes <input type="checkbox"/> No		

If you circled yes to any condition above please explain _____

Sports Physical Examination Waiver Of Liability for Exam Given at MPHS

I hereby give my consent for the above named student to undergo a physical examination to determine his /her fitness to engage in competitive sports. I understand that the Physician /Physician Assistant who is performing this exam, without compensation, is not performing a complete physical exam. I understand as provided by Michigan Law (MCL691.1501 sec.2) that the Physician /Physician Assistant is not liable for civil damages as a result of omissions which may occur while performing the examination.

▶ **Parent / Guardian Signature** _____ Date ____/____/____

Physical Exam - to be completed by Physician / Physician Assistant

Height ____' ____" Weight _____lbs Heart Rate _____bpm

Blood Pressure ____/____ Repeat blood pressure if needed ____/____ Seated Supine

Ears Normal Abnormal _____

Nose / Throat Normal Abnormal _____

Lung sounds Normal Abnormal _____

Heart Normal Abnormal _____

Abdomen Normal Abnormal _____

Hernia No Present - location _____

Neuromuscular Normal Abnormal _____

Orthopedic Normal Abnormal _____

Vision Right eye _____ Left eye _____

Urinalysis Glucose _____ Protein _____ other _____

I have examined the above student and have found him/her medically **Eligible** **Not Eligible** to compete in supervised athletic activity.

Comments _____

Signature of examining Physician / Physician Assistant _____ Date ____/____/____