BRIGHTON AREA SCHOOLS
SPORTS PHYSICAL MEDICAL HISTORY

Physicals must be updated EVERY YEAR for the next school year on or after April 15

****This form must be filled out completely and on file in the athletic office before participating with any athletic team. ****

Parent or Guardian Signatures are required in Sections 1, 4, and 5 - Student signatures are required in Section 3

STUDENT'S NAME LAST	FIRST	SEX	GRADE	DATE OF BIRTH / /	AGE
STUDENT'S ADDRESS STREET	CITY			ZIP	
FATHER'S/GUARDIAN'S NAME	WORK PHONE	MOTHER'S / GUARDIAN'S NAME		WORK PHONE	
FAMILY DOCTOR	OFFICE PHONE	HOME PHONE			

INSURANCE STATEMENT & MEDICAL HISTORY – Section 1

Our son / daughter will comply with the specific insurance regulations of the Brighton Area Schools District.
Brighton Area Schools Requires coverage through the school insurance if none is available.

Family Insurance Co.

Contract #

Signature of Parent or Guardian

Have you ever had:			Have you ever had:			Do you now have:			Do you now have:		
HISTORY	YES	NO	HISTORY	YES	NO	HISTORY	YES	NO	HISTORY	YES	NO
Fainting			Kidney Disease			Painful Joints			Stomach Pains		
Heat Illness			Tuberculosis			Backaches			Headaches		
Rheumatic Fever			Hepatitis			Pounding of Heart			Blackouts		
MRSA			Sickle-Cell Anemia			Shortness of Breath			Convulsions		
Broken Bones *			Heart Disease			Frequent Urination			Known Allergies *		
Neck Injuries			Asthma			Cough					
Head Injuries			Diabetes			Nosebleeds			Drug Reactions *		
High Blood Pressure			Blurred Vision			Frequent Sore			* List know allergies and reactions under comments		

Comments:

PHYSICAL EXAMINATION – Section 2

To be completed by the examining MD, DO, Physician's Assistant or Nurse Practitioner & returned directly to the patient.
(Categories may be added or deleted; check appropriate column.)

SYSTEM	NORMAL	ABNORMAL	SYSTEM	NORMAL	ABNORMAL		NORMAL	ABNORMAL
Back & Neck			Chest			Thyroid		
Lymph Glands			Lungs			Ears		
Upper Extremities			Heart			Nose		
Lower Extremities			Abdomen			Throat		
Teeth			Hernia			Neurologic		
Orthopedic			Genitalia / Testicular Exam			Muscular		

Height: **Weight:** **Blood Pressure:** **Pulse:**

COMMENTS:

RECOMMENDATIONS:

I certify that I have examined the above student and recommend him/her as being able to compete in supervised athletic activities not crossed out below.

BASEBALL - BASKETBALL - BOWLING – COMPETITIVE/SIDELINE CHEER - CROSS COUNTRY - FOOTBALL - GOLF –

GYMNASTICS - ICE HOCKEY - LACROSSE – POM - SKIING - SOCCER - SOFTBALL - SWIMMING - TENNIS -TRACK - VOLLEYBALL - WRESTLING

SIGNATURE OF EXAMINER :	DATE OF EXAM / /
PRINTED NAME OR STAMP OF EXAMINER	CIRCLE ONE: MD DO PA NP

BAS Athletic Dept. Revised 5/17/11

INFORMATION & CONSENT FORM

- To be completed by parent/guardian or 18 year old or older student-athlete; please take time to complete the form to ensure the good health and safety of the student-athlete
- Must be signed in **all** places by student athlete/parent/guardian or 18 year old or older student-athlete
- The exam date must be performed ***on or after April 15th*** to be valid for the following school year
- Copies of the first two pages, Clearance Form and Information & Consent Form, must be kept on file with school athletic department

EMERGENCY INFORMATION FOR: _____ Grade: ____

Allergies – Drug Reactions – Current Medications: _____

Other Special Medical Information: _____

Emergency Contact: _____ Relationship: _____

Telephone: (H) _____ - _____ - _____ (W) _____ - _____ - _____ (C) _____ - _____ - _____

Personal Physician _____ Office Telephone _____ - _____ - _____

SIGNATURES CONSENTING TO CONDITIONS OF PARTICIPATION

STUDENT DISCLOSURE AND ACCEPTANCE OF CONDITIONS TO PARTICIPATE: 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 certificate for merchandise in any amount, nor any emblematic award or merchandise worth more than twenty-five dollars ($25.00) for participating in athletic events, nor have I ever under an assumed name. After I have represented my school in any sport, I will not compete in any outside athletic contest in this sport until after my school season has been completed.

I understand that I am expected to adhere firmly to all established athletic policies of my school district and the Michigan High School Athletic Association, such as those previously mentioned above as examples but which do not present all the policies to which I am subject.

Signature of STUDENT ATHLETE_____ **Date:** _____

CONSENT TO DISCLOSURE: I hereby give my consent for the above student to engage in interscholastic athletics and for the disclosure to the MHSAA of information otherwise protected by FERPA and HIPAA for the purpose of determining eligibility for interscholastic athletics; and I understand the possibility that serious injury may result from participating in athletic activities. He/She has my permission to accompany the team as a member on its out-of-town trips.

I further understand that my son or daughter will be expected to adhere firmly to all established athletic policies of the school district and the Michigan High School Athletic Association.

_____ _____

Signature of PARENT OR GUARDIAN OR 18 YEAR-OLD **Date**

MEDICAL TREATMENT CONSENT: I, _____, an 18 year-old, or the parent or guardian of _____, recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary, and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. 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.

_____ _____

Signature of PARENT OR GUARDIAN OR 18 YEAR-OLD **Date**