

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

KHSAA Form MS01
Middle School
Parent Permission and Consent
Rev. 4/1/5, page 1 of 2
© KHSAA, 2015

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

(This	
part i	
nust b	
This part must be completed by the student and t	AIHLE
plete	ATHLETE INFORMATION
d by t	OKIVI
he stu	NOLLY
dent a	
and fa	
mily)	

Social Security Number	OPTIONAL EMERGENCY TREATMENT INFO The following information is recorded solely for potential hospitalization and emergen this form. However, those failing to provide this information should be aware that this prior to rendering service, and failure to provide could result in lack of appropriate care	Insurance Carrier Policy Numbe	OPTIONAL INSU	Daytime Phone		Name (please print)		I am planning to participate in the following (check all you might try to play): Baseball	Date of Birth:	Gender	Name (Last, First, Initial) Home Address (Street, City, State, Zip):	
ber	OPTIONAL EMER olely for potential vide this information provide could resu	Policy Number / ID Number	JRANCE INFORM		Emergency Conta	(1)	EMERGEN	following (check) Cross Country Tennis Bowling		Grade		
	OPTIONAL EMERGENCY TREATMENT INFORMATION bely for potential hospitalization and emergency care need ide this information should be aware that this might be reprovide could result in lack of appropriate care.	Group Number	OPTIONAL INSURANCE INFORMATION (only for purpose of emergency treatment)		Emergency Contact Address, including City, State and Zip		EMERGENCY CONTACT INFORMATION	k all you might try to play): Football Track and Field Competitive Cheer	Birth Place (County, State):	School		
Birth Date	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.	Plan	emergency treatment)	Cell Phone	and Zip	Relation to Student	-	Golf Soccer Volleyball Wrestling			School Year	

A S B

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

re.

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

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. including but not limited to death, serious neck, head and spinal injuries which may result in complete or partial paralysis, brain damage, serious The parent/legal guardian recognize that participation in interscholastic athletics involves some inherent risks for potentially severe injuries

> 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 the student, hereby irrevocably, and unconditionally release, acquit, and

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

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

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

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.

participating in interscholastic athletics, including, but not limited to, transportation of the student to a medical facility 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

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
ase list above any health problems/concerns this student may have, including allergies (medications / others) and any medications	hers) and any medication
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
ch individual group meeting the requirements of 702 KAR 7:065. Section 3(x) may have supplement waivers and disclaimen	

P

VALUATION FORM



Date of birth

PREPARTICIPA1 PHYSICIAN REMINDERS PHYSICIAN REMINDERS PHYSICIAN REMINDERS PHYSICIAN REMINDERS PHYSICIAN REMINDERS I consider additional questions on more sensitive. I have you ever test sed cigareties, therewing obtained to be chewing to be consider reviewing questions on cardiovasscule texamination. I have you ever text such any supplements to in a consider reviewing questions on cardiovasscule texamination. I have you ever text such that the object of the consider reviewing questions on cardiovasscule texamination. I have you ever text such any supplements of the consider reviewing questions on cardiovasscule texamination. I have you ever text such as the consideration of the consideration of the consideration of point of maximal impulses (PMI). West properties of the consideration of point of maximal impulses (PMI). Pulsas Lurgs Sun deck MISCULOSKEETAL Neck MISCULOSKEETAL MISCULOSKEETAL Neck MISCULOSKEETAL Neck MISCULOSKEETAL MISCULOSKEETAL Neck MISCULOSKEETAL MISCULO	PREPARTICIPATION PHYSICIAN REMINDERS 1. Consider additional questions on more sensitive issues • Dry but leaf stress don on or under a lat of pressure? • Dry but leaf stress don of or under a lat of pressure? • Dry but leaf stress don of or under a lat of pressure? • Dry but leaf stress don or under a lat of pressure? • Dry but leaf stress day such expense of or	IPREPARTICIPATION PHYSICAL PHYSICAL EXAMINATIO MRE PHYSICIAN REMINDERS Consider additional quesitions an more sensitive issues Do you ever lest sens dut not under a list of pressue? Do you ever lest and hopeless, depressed, carefundors? Do you ever lest and hopeless, depressed, carefundors? Do you der lest set soy use thomat or castering tobaccount, or dip? Do you der lest set soy user listen and sold pressues. Do you der lest set soy user listen and sold pressues or lest set so lest set set so lest set set set set set set set set set	PREPARTICIPATION PHYSICAL EVAL PHYSICAL EXAMINATION FO PHYSICIAN REMINDERS So Dup use exit fined capacities, clearessed, or anxious? Do you deside at such hospietas, depressed, or anxious? Do you derive the said of the under all of pressure? Do you derive the said on both the per residence, and, or dip? Do you derive the said of you be cheening to deacco, smill, or dip? Do you derive the said of you be cheening to deacco, smill, or dip? Do you derive a set laked a such hospietas, delay on the performance supplement? Do you derive a set laked a such supplement to help you do not see weight or improve your performance? Po you war a sea the said of you go cheening to such you do not you you do not you	Wrist/hand/finners	Elbow/forearm	Shoulder/arm	Back	Neck	MUSCUL	Neurologic °	HSV, le	Chin	Genihurin	Abdomen	Lungs	• Simult	Heart* Murmu Locatio	Lymph nodes	Pupils equal Hearing	Appearance Marfan s arm spar	MEDICAL	ВР	Height	EXAMINATION	Name PHYSIC 1. Conside 1. Conside 1. Do y 2. Conside	.
RTICIPAT BERS stitions on more sensitive and or selections on more sensitive of the policy selections of the policy selections on more sensitive of the policy selection of t	DERS selfores no more sensitive issues stores on more sensitive issues out or under a let of pressure? I not expressure is not be depressed or anxious our hopeless, despressed any on anable is abrother, and serving planeties, the wing you use chemon to back or surface, and any supplements to help you per the depay? Weight will be a before, and use conductions on cardiovasculair symptosestions on cardiovasculair	RTICIPATION PHYSICAL RTICIPATION PHYSICAL BERS stores in more sensitive issues stores on more sensitive issues stores on more sensitive issues store of the present or annound? our home or dispersent or annound? our home or dispersent or annound? our ban yet home or bankon, suff, or dip? fays, did you use or thewing bathacco, suntf, or dip? fays, did you use or thewing bathacco, suntf, or dip? fays, did you use or thewing bathacco, suntf, or dip? fays, did you use or thewing bathacco, suntf, or dip? fays, dipy use or thewing bathacco, suntf, or dip? fays, dipy use or thewing bathacco, suntf, or dip? fays, dipy use or thewing performs to help you gain or dose weight or improve you beful use a shirter, and use condomns (questions 5-14). Weight (N PHYSICAL EV AMINATION It or dip? the reformance supplement? the reformance supplement? ons; guestions 5–14). Diagle Vision R Vision R ufficiency)	t/finners	arm	arm			MUSCULOSKELETAL	00	sions suggestiv	and fundament	ary imales only			aneous femoral	urs (auscultation on of point of m	des	/nose/throat equal	ce n stigmata (kyp) nan > height, hy	1000000	1		ATION	IAN REMIN radditional qu ur feel stresses ou ever feel sad ou feel safe at ty you ever fined go the past 30 o ur drink alcoho you ever taker	REPA
IPA7 LE or or sensitive ratio of pressent description ratio of pressent description ratio of pressent description ratio of pressent description ratio or d	IPATION LEXA LEXA researce restance? residence? residence? routed or used any off off off off or used any off off off off off off off off off of	IPATION PHYSICAL LEXAMINATIO LEXAMINATIO LEXAMINATIO (LEXAMINATIO Residence) residen	N PHYSICAL EV AMINATION It or dip? the reformance supplement? the reformance supplement? ons; guestions 5–14). Diagle Vision R Vision R ufficiency)						No. of Street, or other Persons and Street, o		e of MRSA, to	,,	0)0			and radial p	n standing, sı ıaximal impul			hoscoliosis, h yperlaxity, my		_			DERS DERS askions on m but or under Julio to runde	RTIC
	re issues essure? or anxious sesure? It is a series of the sesure sesure? It is a series or anxious sesure? It is a series of the sesure sesure? It is a series of the sesure sesure? It is a series of the seri	TION PHYSICAL XAMINATIO Taken to be a series assure? To anotoacut, or dip? To anotoacut, anotoacut, or diprove you The palace, pectus eucavalum, arachnodacty, John Pulse To anotocic insufficiency)	N PHYSICAL EV AMINATION It or dip? the reformance supplement? the reformance supplement? ons; guestions 5–14). Diagle Vision R Vision R ufficiency)						100		nea corpor					lises	se (PMI)			igh-archec		'	Weig		ore sensition rate and present the residence residence residence residence residence or use chewing tothe uses chewing to the roles or use nents to he henet, and the reliovascule reliovascule reliovascule reliovascule relication residence relication residence relication reli	IPA

☐ Female NORMAL

L 20/

ABNORMAL FINDINGS

OY ON

These examined the above-cased 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 above 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 abhete (and parents/guardians). Signature of physician Name of physician (print/type) . Date MD or DC

□ Not cleared

RECOMMENDATIONS

 For certain sports For any sports Pending further evaluation Cleared for all sports without restriction with recommendations for further evaluation or treatment for

☐ Cleared for all sports without restriction

sisider ECIG echocardiogram, and referred to cardiology for abnormal cardiac history or exam, nisider GU exam if in private setting. Having third party present is recommended, nisider cognitive evaluation or disasteine neuropsychiatric testing if a bistory of significant conco

testing if a history of significant concussion

Duck-walk, single leg hop

©2010 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American American Medicine, American College of Sports Medicine, and American College of Sports Medicine, and American College of Sports Medicine, American College of Sports Medicine, and American College of Sports Medicine, American College of Sports Medicine, and American College of Sports Medicine, and American College of Sports Medicine, American College of Sports Medicine, and American Medicine, and American American College of Sports Medicine, and American American College of Sports Medicine, and American American College of Sports Medicine, American

KHSAA Form PPE/Physical Form - Page 2, Physician Exam Information - Rev. 4/15

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

nnected with the student's participation in interscholastic athletics if due to the ordinary negligence of the Releasees.

The student and parent/legal guardian acknowledge that they have read and understood the KHSAA Bylaws by distribution at ses, claims, demands, actions and causes of action, obligations, damages, and costs or expenses of any nature (including attorney's fees) that ever discharge the KHSAA and its officers, agents, attorneys, representatives and employees (collectively, the "Releasees") from any and all The student and parent/legal guardian individually and on behalf of the student, hereby irrevocably, and unconditionally release, acquit, and 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

The student and parent/legal guardian agree to abide by the KHSAA Bylaws and Due Process Procedure as now enacted or later amended. The ransfer Rule," upon participation in any varsity contest regardless of the amount of participation or lack thereof 19://khsaa.org/handbook/. Please be aware that a student is subject to the one-year period of ineligibility the bylaw commonly referred to as the

earing Officer and Board of Control ident and parent/legal guardian further acknowledge that they agree to abide by the rulings of the Commissioner, Assistant Commissioner,

eligible to participate in interscholastic athletics. The student and parent/legal guardian acknowledge that the student must have medical insurance coverage up to a limit of \$25,000 in order to

juested, and agree that the student may be photographed or otherwise digitally or electronically captured during school-based competition. All this material may be used without permission or compensation specifically related to the VUC A A --1 is rmission to release this student's demographic information (including motion picture and still photographic images) and participation statistics cluding height, weight and year in school, participation history and other performance based statistics) and other information as may be this material may be used without permission or compensation specifically related to the KHSAA and its events. The student and parent/legal guardian, individually and on behalf of this student, give the high school, the KHSAA and their representatives

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

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

th respect to nature and risk of concussion and head injury, including the continuance of play after concussion or head injury sired, the education materials available through the KH\$AA, the Centers for Disease Control and other agencies regarding education all individuals The student and parent/legal guardian, individually and on behalf of the student, hereby acknowledge that they are aware of and will review if

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

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

Signature of Parent(s)/Guardian(s) who has/have custody of this student	Name of Parent(s)/Guardian(s) who has/have custody of this student (please print)	lease list above any health problems/concerns this student may have, including allergies (medications / others) and any medications presently leing used	Signature of Student	Student and Parent/Guardian Address including City, State and Zip	Students' Name (please print)
dent Date	ease print) Emergency Phone Number	lergies (medications / others) and any medications pres	Date	ing City, State and Zip	School