

CONSENT FOR TRANSPORTATION

This is to certify that _____ has my permission to make all trips to games, tournaments and competitions during the current school year with the Rochester Community Schools athletic teams. I understand that transportation will be by bus when possible and practical. From time to time, unavailability of District-owned vehicles, budget limitations, or the size of the group to be transported may warrant the use of vehicles not owned or operated by the District.

EQUIPMENT FINANCIAL RESPONSIBILITY

Each athlete in the Rochester Community Schools is responsible for the athletic equipment issued to them by the Athletic Department. . If equipment is **LOST, STOLEN OR NOT RETURNED**, the athlete will be held responsible for the replacement cost of the equipment.

WE HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS AND BY OUR SIGNATURES INDICATE OUR WILLINGNESS TO ABIDE BY THEM.

Date: _____ Student’s Signature: _____

Date: _____ Parent’s/Guardian’s Signature: _____

Father’s work phone: _____ Mother’s work phone: _____

Parent’s/Guardian’s Email: _____

Student athlete’s Email: _____

Relationship of emergency contact person: _____

Emergency phone: _____

PARENT OR GUARDIAN OR 18-YEAR-OLD CONSENT

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.

X _____
Signature of parent or guardian Date
Or 18 year old

NOTE: A STUDENT SHALL NOT PARTICIPATE IN ANY TRYOUTS/PRACTICE SESSIONS OR CONTESTS UNTIL THE COMPLETED FORM HAS BEEN TURNED INTO THE TEAM COACH OR BUILDING ATHLETIC OFFICE.

HISTORY

DATE OF EXAM _____ / _____ / _____

Name _____ Date of Birth _____ School _____
 Address _____ City _____ Zip Code _____
 Home Phone _____ School Sports: _____
 Parent or Guardian Name(s) _____
In Case of Emergency:
 Name _____ Relationship _____ Phone (H) _____ Phone (W) _____
 Family Physician _____ Phone Number _____

Explain Yes answers below. Circle questions you do not know the answers to...

GENERAL HISTORY YES NO

- Have you had a medical illness or injury since your last check up or sports physical? _____
- Have you ever been hospitalized overnight? _____
- Have you ever had surgery? _____
- Are you currently taking any medications (prescription, over-the-counter, pills, inhalers)? _____
- Do you have allergies that require medical treatment example: seasonal, to medicine, food or stinging insects? _____
- Have you ever had a rash or hives develop during or after exercises? _____
- Do you have any current skin problems(for example, itching, rashes, acne, warts, fungus or blisters)? _____
- Have you ever become ill from exercising in the heat? _____
- Do you cough, wheeze, or have trouble breathing during or after an activity? _____
- Do you have asthma? _____
- Do you feel stressed out? _____
- Have you had problems with your eyes or vision? _____
- Do you wear glasses, contacts or protective eyewear? _____
- Do you lose weight regularly to meet weight requirements for your sport? _____
- Have you ever taken supplements or vitamins to help you gain or lose weight or improve your performance? _____

If yes, which ones (be specific) _____

 Record the dates of your most recent immunizations (shots) for
 Tetanus _____ Measles _____
 Hepatitis B _____ Chicken Pox _____
 Other _____

CARDIAC HISTORY (CONTINUED) YES NO

- Has a physician diagnosed anyone in your family with abnormal thickening of the heart or Marfans Syndrome? _____
- Have you had a severe viral infection (for example, myocarrditis or mononucleosis) within the last month? _____
- Have you ever used cocaine or anabolic steroids? _____

ORTHOPEDIC HISTORY YES NO

- Do you use any special protective or corrective equipment or devices to protect yourself from injuries (for example: knee brace, neck roll, orthotic, retainer for teeth, or hearing aid) ? _____
- Have you ever had a head injury or concussion? _____
- Have you ever been knocked out, become unconscious, or lost your memory? _____
- Have you ever had a seizure? _____
- Do you have frequent or severe headaches? _____
- Have you ever had numbness or tingling in your arms, hands, legs, or feet? _____
- Have you ever had a stinger, burner, or pinched nerve? _____
- Have you ever had swelling after an injury? _____
- Have you broken or fractured any bones or dislocated any joints? _____
- Have you had any other problems with pain or swelling? _____

If yes, check the appropriate box and explain below:

CARDIAC HISTORY YES NO

- Has it been more than two years since you had a physical exam that included a check of your blood pressure and listening to your heart? _____
- Has a physician ever denied or restricted your participation in sports for any cardiac problems? _____
- Have you ever been light headed and/or passed out during after exercise? _____
- Have you ever had chest pain during or after exercise? _____
- Do you get tired more quickly than your friends do during exercise? _____
- Have you ever had racing of your heart or skipped hearbeats? _____
- Have you ever had, or do you have, high blood pressure, or high cholesterol? _____
- Do you smoke? _____
- Have you ever been told you have a heart murmur? _____
- Has a family member (grandparents, parents, aunt, uncle) died of a heart problem /sudden death before the age of 50? _____
- Does any family member currently have heart disease? _____

- HEAD
- NECK
- THIGH
- CHEST
- BACK
- ELBOW
- SHOULDER
- UPPER ARM
- SKIN/CALF
- FOREARM
- ANKLE/FOOT
- WRIST
- HAND
- KNEE
- HIP
- FINGER

Explain "YES" answers here: _____

FEMALES ONLY

- When was your most recent menstrual cycle? _____
- How much time do you usually have from the start of one period to the start of another? _____
- How many periods have you had in the last year? _____
- What was the longest time between periods last year? _____

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of Athlete _____ Signature of Parent/Guardian _____ Date _____

PHYSICAL EXAMINATION

HEIGHT _____ WEIGHT _____ PULSE _____ BP _____/_____

VISION R-20/_____ L-20/_____ CORRECTED R-20/_____ L-20/_____

Medical	Normal	Abnormal Findings
Appearance		
Eyes/Ears/Nose/Throat		
Lymph Nodes		
Heart		
Lungs		
Abdomen		
Genitalia (males)		
Skin		

OPTIONAL EXAMINATION

Muscle/Skeletal	Postural Evaluation		Muscle Strength		Flexibility	
	Normal	Abnormalities	Right	Left	Right	Left
Head						
Neck						
Back/Abdomen						
Shoulder/Arm						
Elbow/Forearm						
Wrist/Hand						
Hip/Thigh						
Knee						
Ankle						
Foot						
INITIALS						

CLEARANCE

- CLEARED**
- CLEARED** after completing Evaluation/Rehab for _____

- NOT CLEARED** for _____ Reason _____

Recommendations: _____

Physician's Signature: _____ Physician's Name PRINTED/STAMPED _____ Address _____ DATE _____
