

ANN ARBOR HURON HIGH SCHOOL ATHLETIC MEDICAL RECORD

This form **MUST** be on file in the Athletic Office **BEFORE** the student practices with any team.
NO EXCEPTIONS

11



12

To Be Completed by Parent

Student's Name: _____ I.D.#: _____ Sex: _____
Last (legal) First (legal) First (nickname) M/F
 Street Address: _____ City ZIP: _____

Date of Birth: _____ Age: _____ Grade: _____
month-day-year (i.e. 9-1-84) as of 9-1-11 as of 9-1-11

In what school was this student enrolled last semester? _____
 Indicate other school(s) _____ Part-time _____
 student will attend this year? _____ Full-time _____

Parent or Guardian's Name(s): _____

Home Phone(s): _____ Work or Emergency Phone(s): _____

Parent or Guardian's Email Address(es): _____

Family Physician: _____ Office Phone: _____

Preferred Hospital: _____ Family Health Insurance Company: _____

Policy or ID #: _____ Contract or Group #: _____

Circle the appropriate numbers if this student has had any of the following:

- | | | | |
|-------------------------|-----------------------|------------------------|------------------------------|
| 1. Perforated ear drum | 12. Heart Surgery | 23. Appendectomy | 34. Head injuries |
| 2. Draining ear | 13. Pneumonia | 24. Hernia | 35. Undescended testicle |
| 3. Ear surgery | 14. Tuberculosis | 25. Hernia repair | 36. Operation on testicle |
| 4. Mastoid surgery | 15. Chest pain | 26. Neck injuries | 37. Kidney trouble |
| 5. Hearing loss | 16. Short of breath | 27. Shoulder injuries | 38. Diabetes |
| 6. Frequent sore throat | 17. Punctured lung | 28. Elbow injuries | 39. Blood in urine |
| 7. Convulsions | 18. Lung disease | 29. Wrist injuries | 40. Protein in urine |
| 8. Rheumatic fever | 19. Hepatitis | 30. Knee problem | 41. Reaction to insect bites |
| 9. Heart disease | 20. Infectious mono | 31. Ankle problem | 42. Presently on medication |
| 10. Heart murmur | 21. Peptic ulcer | 32. Back problem | 43. Broken bones (list a) |
| 11. High blood pressure | 22. Internal injuries | 33. Asthma (list meds) | _____ |
- Date of last tetanus shot: _____
 Does this student wear contact lenses? _____

PHYSICAL EXAMINATION

(to be completed and signed by a M.D., D.O., Physician's Assistant, or Nurse Practitioner)

EMT _____	Abdomen _____	Lower extremities _____
_____	Hernias _____	Urinalysis: _____
B.P. _____	Genitalia _____	Blood _____
Heart _____	Pilonidal _____	Protein _____
Lungs _____	Back & Neck _____	Sugar _____
Chest _____	Upper extremities _____	Other _____

Physical conditions or limitations of which athletic or medical personnel should be aware: _____

Signature _____ Date* _____

*** Physical examination for the 2011-12 school year must be dated on or after APRIL 15, 2011 ***

DELIVER TO ATHLETIC OFFICE

DO NOT MAIL

STUDENTS NAME:

Last

First

STUDENT PARTICIPATION AND PARENT CONSENT FORM

Student's Legal Name: _____

Last

First

STUDENT PARTICIPATION:

This application to participate in interscholastic athletics is voluntary on my part and the information submitted is truthful to the best of my knowledge. I have never received money or merchandise in any amount, or any emblematic award worth more than \$15.00 for participating in an athletic event. I have never competed under an assumed name. After I have represented Huron High School in any sport, I promise not to compete in any outside athletic contest in that sport until after the high school season has been completed. I grant permission for the use of video highlights or photographs of me taken while engaged in athletic related activities for the following purposes (including but not limited to): advertising, coaching or educational productions. **I understand that by participating in a sport I am exposing myself to the risk of serious injury.** I, also, understand that I am expected to adhere firmly to all established athletic policies of my coach, the Huron High School Athletic Department, the Ann Arbor Public Schools, and the Michigan High School Athletic Association.

I HAVE READ AND UNDERSTAND THE REQUIREMENTS OF THIS CODE OF CONDUCT. I UNDERSTAND THAT I AM EXPECTED TO PERFORM ACCORDING TO THIS CODE AND I UNDERSTAND THAT THERE MAY BE SANCTIONS OR PENALTIES IF I DO NOT.

Date _____

Signature _____

Athlete Only

PARENT OR GUARDIAN NOTIFICATION AND CONSENT:

I hereby give my consent for the above named high school student to participate in interscholastic athletics at Ann Arbor Huron High School during the current school year. **I give permission for said student to travel on all athletic trips scheduled for his/her team. I also give permission for said athlete to ride home with his/her coach, teammate, or friend of family. In granting this permission I assume full responsibility for any damage to person or property caused by my child. I also give my permission for my child to ride home from an event in an alternate vehicle.** I agree that if it is determined that my child needs medical or dental treatment while on a field trip, I will be responsible for any such treatment determined necessary by a physician, dentist, or athletic trainers. I further agree that if the behavior or health of my child should make it necessary to send him/her home prior to the scheduled return time, I will be responsible for those expenses. I understand that no child will be sent home unaccompanied by an adult. A coach will accompany the athlete during the scheduled activity and whenever he/she leaves the activity site. I, also, understand that my son/daughter is expected to adhere firmly to all established athletic policies of his/her coach, the Huron High School Athletic Department, the Ann Arbor Public Schools, and the Michigan High School Athletic Association. I affirm that my child legitimately resides in the Ann Arbor Huron High School attendance area. I grant permission for the use of video highlights or photographs of my child taken while engaged in athletic related activities for the following purposes (including but not limited to): advertising, coaching or educational productions. **I understand that by participating in interscholastic athletics my son/daughter is exposing himself/herself to the risk of serious injury.** I recognize that as 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.

I HAVE READ AND UNDERSTAND THE REQUIREMENTS OF THIS CODE OF CONDUCT. I UNDERSTAND THAT MY SON/DAUGHTER IS EXPECTED TO PERFORM ACCORDING TO THIS CODE AND I UNDERSTAND THAT THERE MAY BE SANCTIONS OR PENALTIES IF I DO NOT.

Date _____

Signature _____

Parent/Guardian only

EMERGENCY INFORMATION:

In an emergency if the parent(s) or guardian(s) listed on the **reverse side** of this form cannot be reached, please contact:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

ATHLETIC ACCIDENT INSURANCE

BENEFIT FEE

(Required)

ALL SPORTS **\$30.00**

Make check payable to **Ann Arbor Public Schools**

One-time only fee per school year

even if student participates in more than one sport

PARTICIPATION FEE

(Required)

1st SPORT **\$150**

2nd SPORT **\$75**

3rd SPORT **\$FREE**

Make check payable to **Ann Arbor Public Schools**

MI IST be submitted with this form

FOR OFFICE USE ONLY

BENEFIT FEE _____

Cash – MO – Check#

PARTICIPATION FEE _____

Cash – MO – Check#

Date Refunded _____

Date Received _____