



# KIRKSVILLE R-III ACTIVITY CONSENT/PHYSICAL FORM



Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Medical History

Please answer the following questions by circling yes or no. If you answer yes, please explain on the back of this form.

1. Have you ever had a serious medical problem requiring surgery, hospitalization or prolonged treatment by a doctor? .....Yes No
  2. Do you take any medication of any type? ..... Yes No
  3. Have you ever had a severe allergic reaction to anything? ..... Yes No
  4. Have you ever had allergic problems such as hay fever, asthma or eczema? ..... Yes No
  5. Do you have difficulty breathing or wheezing during or shortly after exercising? ..... Yes No
  6. Have you ever had a heart murmur, racing heart or irregular heart beat? ..... Yes No
  7. Have you ever been dizzy or passed out during exercise? ..... Yes No
  8. Has any family member ever had a heart attack or died suddenly before age 50? .....Yes No
  9. Do you have chest pain or tire more easily than others your age when exercising? ..... Yes No
  10. Have you ever suffered heat related problems such as heat cramps, severe headache, dizziness or passing out? ..... Yes No
  11. Have you ever had a significant injury such as a sprain, fracture or dislocation to a bone or joint or persistent back/neck pain? Yes No
  12. Have you ever had a concussion or been knocked unconscious? ..... Yes No
  13. Have you ever had a seizure? ..... Yes No
  14. Have you ever had burning pain, numbness or tingling in your arms or legs associated with any athletic or physical activity? ... Yes No
  15. Is there any other medical or family history which might be important? ..... Yes No
  16. Have you ever been taken out of or kept from participating in a sports activity or practice for an injury or physical reason? ..... Yes No
  17. Do you have any skin problems (rash, itching)? ..... Yes No
  18. Are your immunizations up to date? ..... Yes No
  19. Do you or any members of your family have a history of sickle cell trait? .....Yes No Uncertain
- For Females Only:**
20. Date of your last menstrual period? \_\_\_\_\_ In the last year have you gone for three or more months without a period? Yes No

### Physical

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Rhythm \_\_\_\_\_ Pulse \_\_\_\_\_

HEENT: \_\_\_\_\_ Neck: \_\_\_\_\_

Lungs: \_\_\_\_\_ Skin: \_\_\_\_\_

CV: Murmur \_\_\_\_\_ Any abnormalities: \_\_\_\_\_ Pulses: \_\_\_\_\_

Abdomen: \_\_\_\_\_ Hernia? \_\_\_\_\_

GU: Testicles \_\_\_\_\_ Inguinal Hernia? \_\_\_\_\_

Musculoskeletal: \_\_\_\_\_

**I have performed a physical examination and evaluated the yes answers to the medical history above.**

**The above named individual has been cleared for participation in Kirksville RIII sponsored athletics/activities: Yes \_\_\_\_\_ No \_\_\_\_\_**

Provider's/Physician's signature \_\_\_\_\_ Date \_\_\_\_\_

Physician's Name (Printed) \_\_\_\_\_ Phone Number \_\_\_\_\_

#### **Student Agreement Regarding Conditions for Participation:**

This application to represent my school in interscholastic athletics is entirely voluntary on my part and is made with the understanding that I have studied and understand the eligibility standards that I must meet to represent my school and that I have not violated any of them. I also understand that if I do not meet the \*citizenship/activity standards set by the school or if I am ejected from an interscholastic contest because of an unsportsmanlike act, it could result in me not being allowed to participate in the next contest or suspension from the team either temporarily or permanently.

I have completed and/or verified that part of this certificate which requires me to list all previous injuries or additional conditions that are known to me which may affect my performance in so representing my school, and I verify that it is correct and complete. I have received and read the MSHSAA materials on concussion.

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

#### **Parent Permission and Authorization for Treatment and Release of Medical Information:**

We hereby give our consent for the above student to represent his/her school in interscholastic athletics. We also give our consent for him/her to accompany the team on trips and will not hold the school responsible in case of accident or injury whether it be enroute to or from another school or during practice or an interscholastic contest, and we hereby agree to hold the school district of which this school is a part, its employees, agents, representatives, coaches, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of every kind and nature whatsoever which may arise by or in connection with participation by my child/ward in any activities related to the interscholastic program of his/her school.

If we cannot be reached and in the event of an emergency, we also give our consent for the school to obtain through a physician or hospital of its choice, such medical care as is reasonably necessary for the welfare of the student, if he/she is injured in the course of school athletic activities. We authorize the release of necessary medical information to the physician, athletic trainer, and/or school personnel related to such treatment/care.

We further state that we have completed that part of this certificate which requires us to list all previous injuries or additional conditions that are known to us which may affect this athlete's performance or treatment and we certify that it is correct and complete.

We confirm that this application for the above student to represent his/her school in interscholastic athletics is made with the understanding that we have studied and understand the eligibility standards that our son/daughter must meet to represent his/her school and that he/she has not violated any of them. **We also understand that if our son/daughter does not meet the citizenship/activity standards set by the school or if he/she is ejected from an interscholastic contest because of an unsportsmanlike act, it could result in him/her not being allowed to participate in the next contest or suspension from the team either temporarily or permanently. \*A copy of the Kirksville R-III Citizenship/Activity Code may be obtained at Central Office or from our webpage at [www.kirksville.k12.mo.us](http://www.kirksville.k12.mo.us). It will also be posted in the Middle and High School.**

The MSHSAA By-Laws provide that a student shall not be permitted to practice or compete for a school until it has verification that he/she has basic health/accident insurance coverage, which includes athletics. Our son/daughter is covered by basic health/accident insurance for the current school year. I have received and read the MSHSAA materials on concussion.

\_\_\_\_\_  
Name of Insurance Company

\_\_\_\_\_  
Parent's or Guardian's signature