

Willow Run Community Schools Athletic Medical Record

This form MUST BE COMPLETED and on file in the athletic office BEFORE the student practices with any team.

(To be completed by parent/guardian)

Student's Name: _____ Sex M/F _____
 Address: _____
 Date of Birth: _____ Age: _____ Grade: _____ School: _____
 Sport (s): _____

In what school was this student enrolled in last semester? _____

If this student was NOT enrolled in WILLOW RUN COMMUNITY SCHOOLS last semester, what was his/her exact date of enrollment in WILLOW RUN? _____

Parent/Guardian Name(s) _____ Home Phone _____
 _____ Home Phone _____

Work or Emergency Phone(s) _____

Family Physician: _____ Preferred Hospital: _____
 Physician Phone: _____ Insurance Company: _____
 Insurance Contact Phone Number: _____

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

- | | | | |
|-------------------------|-----------------------|-----------------------|------------------|
| 1. Perforated ear drum | 13. Pneumonia | 25. Hernia repair | 37. Other: _____ |
| 2. Draining ear | 14. Tuberculosis | 26. Neck Injuries | _____ |
| 3. Mastoid surgery | 15. Asthma | 27. Shoulder Injuries | _____ |
| 4. Ear surgery | 16. Chest Pain | 28. Elbow injuries | _____ |
| 5. Hearing loss | 17. Short of Breath | 29. Wrist injuries | |
| 6. Frequent sore throat | 18. Punctured Lung | 30. Knee Problems | |
| 7. Convulsions | 19. Lung disease | 31. Back problems | |
| 8. Rheumatic fever | 20. Hepatitis | 32. Ankle problems | |
| 9. Heart disease | 21. Infectious nose | 33. Head injuries | |
| 10. Heart murmur | 22. Internal injuries | 34. Kidney trouble | |
| 11. High blood pressure | 23. Appendectomy | 35. Diabetes | |
| 12. Heart surgery | 24. Hernia | 36. Blood in urine | |

Date of last tetanus shot: _____ Does this student wear contact lenses: _____

Allergies or allergic to medication: _____ If yes, explain: _____

Physical Examination

EMT _____	Chest _____	Back & Neck _____	Urinalysis Cont. _____
BP _____	Abdomen _____	Upper extremities _____	Protein _____
Heart _____	Lower extremities _____	Sugar _____	Sugar _____
Lungs _____		Urinalysis Blood _____	Other _____

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

Physician's Signature: _____ Date: _____

Student Participation and Parent Consent Form

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Student's Legal Name: _____
Last First Middle

STUDENT PARTICIPATION: This application to participate in interscholastic athletics is voluntary on my part. The information submitted is truthful to the best of my knowledge. I have never received money or merchandise of any amount, or any emblematic award worth more than \$15.00 for participating in any athletic event. I have never competed under an assumed name. I promise not to compete in any outside sport until my season is completed with WRCS. I also understand that I am expected to adhere firmly to all established athletic policies of my coach, the WRCS athletic department and the Michigan High School Athletic Association.

Date: _____ Student Signature: _____

Parent or Guardian Notification and Consent: I hereby give my consent for the above named student to participate in interscholastic athletics at WRCS during the current school year. I grant permission for the above student to travel on all athletic trips scheduled for his/her team. I understand occasionally a coach may assign my child to ride to an athletic event with a selected adult in a privately owned vehicle. In this event, I assume full responsibility for any damage to person or property caused by my child. I agree that if it is determined that my child needs medical or dental treatment while on a trip, I will be responsible for any such treatment determined necessary by a physician or dentist. 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 travel 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 leave the activity site. I understand that by participating in interscholastic athletics, my child is expected to adhere firmly to all established athletic policies of his/her coach, WRCS athletic department and the Michigan High School Athletic Association. **I also understand that my child is to ride the bus to and from each sporting event, unless prior permission is received from the athletic office for other means of transportation. I affirm that my child legitimately resides in the WRCS attendance area.**

Date: _____ Parent/Guardian Signature: _____

Emergency Information: In an emergency, if the parent or guardian listed on the reverse side of this form can not be reached, please contact the following:

Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____

Authorization: I grant my consent and authorize an employee of WRCS or is designee to act on my behalf in the event that I am unable to be reached by phone.

Date: _____ Parent/Guardian Signature: _____

Please turn completed form into coach or into the athletic office. If any questions, please contact the AD office at 734-961-6004 FAX 734-481-8185

cc: Coach, Athletic Office

