

# TECUMSEH SCHOOLS PHYSICAL EXAMINATION FORM

To be completed by athlete/parent prior to physical:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_  
 Address \_\_\_\_\_ City/State \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Sport (s) of Interest: \_\_\_\_\_ Graduation Year \_\_\_\_\_

## MEDICAL TREATMENT CONSENT

To be completed by Parent/Guardian

HISTORY	YES	NO	HISTORY	YES	NO	HISTORY	YES	NO
Have you ever had: Fainting			Have you ever had: Kidney Disease			Do you now have: Painful Joints		
Diphtheria			Tuberculosis			Backaches		
Scarlet Fever			Jaundice			Pounding of Heart		
Rheumatism			Sickle-Cell Anemia			Shortness of Breath		
Rupture						Frequent Urination		
Rheumatic Fever						Cough		
			<b>Do you now have:</b>					
Poliomyelitis			Blurred Vision			Nosebleeds		
Pneumonia			Headaches			Frequent Sore Throats		
Asthma			Fainting			Stomach Pains		
Diabetes			Convulsions			Epilepsy		
Heart Disease			Blackouts					

I, \_\_\_\_\_ *the parent or guardian of* \_\_\_\_\_  
 recognize that as a 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.

\_\_\_\_\_  
**SIGNATURE OF PARENT/GUARDIAN** \_\_\_\_\_  
**DATE**

## PHYSICAL EXAMINATION

To be completed by the examining M.D., D.O, Physician's Assistant or Nurse Practitioner  
 (Categories may be added or deleted: check appropriate columns)

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

SYSTEM	NORMAL	ABNORMAL	SYSTEM	NORMAL	ABNORMAL
Muscular			Thyroid		
Neurologic			Chest		
Throat			Lungs		
Ears			Heart		
Nose			Abdomen		
Orthopedic			Hernia		
			Genitalia/Testicular exam		

RECOMMENDATIONS: \_\_\_\_\_  
 I CERTIFY THAT I HAVE EXAMINED THE ABOVE STUDENT AND RECOMMEND HIM/HER AS BEING ABLE TO COMPETE IN SUPERVISED ATHLETIC ACTIVITIES NOT CROSSED OUT BELOW:  
**BASEBALL-BASKETBALL-BOWLING-COMPETITIVE CHEER-CROSS COUNTRY-EQUESTRIAN-FOOTBALL-GOLF-GYMNASTICS, LACROSSE-SIDELINE CHEER-SOCCER-SOFTBALL-SWIMMING-TRACK-VOLLEYBALL-WRESTLING. A CURRENT MHSAA YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR.**

SIGNATURE OF EXAMINER: \_\_\_\_\_ MD \_\_\_ D0 \_\_\_ PA \_\_\_ NP \_\_\_

PRINTED NAME OF EXAMINER: \_\_\_\_\_ DATE: \_\_\_\_\_

# MEDICAL CONSENT

Athlete's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: F M

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Graduation Year \_\_\_\_\_

Sports of Interest for Upcoming School Year:  
\_\_\_\_\_

## Assumption of Risk-Proof of Insurance:

Participation in sports requires an acceptance of risk of possible injury, including paralysis or loss of life. As an athlete you can help make athletics safer by not intentionally using techniques that are illegal and which can cause serious injury

The coaching staff is concerned with your safety and wants you to receive the benefits of athletic participation.

I, \_\_\_\_\_ (*signature*) Student-Athlete have read the above and agree that I have been warned as to injury and accept the responsibility of a possible injury. Date \_\_\_\_\_.

The student is covered by an insurance policy in effect for the school year. (Contact Athletic Director ASAP if no policy)

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

\_\_\_\_\_  
Policy or Group Number

**EMERGENCY INFORMATION:** Alternates to be contacted when the Parent/Legal Guardian cannot be reached.

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_ Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

\_\_\_\_\_  
*the parent or guardian of* \_\_\_\_\_  
recognize that as a 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 am the parent or legal guardian of the above named student and have read the above and recognize the risk in participation and injury. (Signature below)**

\_\_\_\_\_  
Parent/ Legal Guardian

\_\_\_\_\_  
Parent/ Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Doctor:

\_\_\_\_\_  
Phone:

\_\_\_\_\_  
Hospital:

## **Athletic Administrative Form**

Please refer to the Tecumseh Public School Athletic Handbook for more information regarding the following statements that all Student-Athletes and Parent/Legal Guardians are required to agree with for athletic participation. This can be found at [www.tps.k12.mi.us/web/](http://www.tps.k12.mi.us/web/) if you do not have access to the internet please request a copy from your Student-Athletes Coach.

I, Student-Athlete and Parent/Legal Guardian agree to the following terms of Athletic Participation at Tecumseh High School:

- I have read and agree to comply with the Tecumseh Public Schools Athletic Handbook.
- I have read and agree with the Assumption of risk and agree that I have been warned as to injury and accept the responsibility of possible injury or death.
- I have read and agree to meet the requirements of Athletic Eligibility as set forth by the Michigan High School Athletic Association and the Tecumseh Public Schools.
- I have read and agree with what is expected of me in Educational Athletics by Tecumseh Public Schools, the SEC, and the MHSAA. I understand that school sponsored sports are an educational activity and all athletes, parents, friends must be aware of our schools expectations with regard to sportsmanship.

\_\_\_\_\_  
**Signature of Student-Athlete**

\_\_\_\_\_  
**Signature of Parent/Legal Guardian**

\_\_\_\_\_  
**Date**

**Sport (s) of Interest** \_\_\_\_\_

**TPS Transportation Travel Waiver**  
**\*\*All STUDENTS must have this on FILE\*\***

The Tecumseh Public Schools believes it is in the best interest of the individual participants, as well as for the participating group, that students travel to and from away activities in school provided transportation. However, we recognize that a parent may wish to request a waiver of this expectation. Please review the statements below concerning transportation to/from athletic events and give a signature of acknowledgement.

- I give permission, and understand that it is expected, for my son/daughter to ride to/from school events in TPS transportation. The bus will leave from and return to TPS parking lot.
- I understand that there is **no weekend bus return to TPS from a weekend event** and that I will be responsible for making proper arrangements for the return of my child
- I understand that written notice from parent/guardian to Coach/Teacher/Supervisor in Charge is needed if student athlete will be traveling to/from an event with someone other than parent/guardian or TPS transportation.
- Parent/Guardian will be required to sign out the student participant at the event.
- I understand that by giving permission I release Tecumseh Public Schools District and its representatives from all responsibility for my son/daughter during the trip in a private vehicle.

**Student-Athletes Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Sport(s):** \_\_\_\_\_ **Level:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Assumption of Risk-Proof of Insurance**  
**FOOTBALL PLAYERS ONLY- NOCSAE APPROVED HELMETS**

Athlete's Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Participation in sports requires an acceptance of risk of possible injury, including paralysis or loss of life. As an athlete you can help make athletics safer by not intentionally using techniques that are illegal and which can cause serious injury. In football, you have been instructed in the proper techniques of blocking, tackling, running, kicking, passing, kicking and catching and other fundamentals pertaining to your position. You have been warned that the improper use of these techniques can result in permanent injury, not excluding paralysis. **You have been warned that your helmet is NOCSAE approved within safety standards for football helmets and that you should report to your coach immediately any defects of your helmet or other equipment.** The coaching staff is concerned with your safety and wants you to receive the benefits of athletic participation.

I, Student-Athlete, have read the above and agree that I have been warned as to injury and accept the responsibility of possible injury.

I, the parent or legal guardian of the above named student, have read the above and recognize the risk in participation and injury.

The student is covered by an insurance policy in effect for the school year:

\_\_\_\_\_  
Signature Parent/ Legal Guardian

\_\_\_\_\_  
Signature Student Athlete

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Policy/Group Number

(Contact Athletic Director ASAP if no policy)