

**KENTUCKY HIGH SCHOOL ATHLETIC ASSOCIATION**  
 2280 Executive Drive, Lexington, Kentucky 40505  
 Athletic Participation/Parental Consent/Physical Examination Form

**PART I - ATHLETE INFORMATION**

*(To be completed by athlete)*

Name (Last, First, Initial) \_\_\_\_\_ School Year \_\_\_\_\_

Home Address (Street, City, State, Zip): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birth Place (County, State): \_\_\_\_\_

**Attendance History**

Grade	School Name	School Year	Varsity Play – (Yes/No)?
9			
10			
11			
12			

**I am planning to participate in the following (circle all you might try to play):**

- Baseball    Cross Country    Golf    Softball    Tennis    Volleyball  
 Basketball    Football    Soccer    Swimming    Track    Wrestling  
 Cheerleading    Field Hockey    Other: \_\_\_\_\_

**PART II - MEDICAL HISTORY**

*This form must be completed by parent and athlete prior to the time of the physical exam and presented to the authorized health care provider before the physical.*

**CHECK THE APPROPRIATE RESPONSE TO EACH ITEM:**

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Have you ever been hospitalized?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had surgery of any kind (e.g., tonsillectomy).  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you presently taking any medications or pills?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have any allergies (medicine, bees, or other insects)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever passed out during exercise?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever been dizzy during or after exercise?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had chest pain during or after exercise?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had high blood pressure?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever been told you have a heart murmur?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had racing of your heart?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Has anyone in your family died of heart problems before 50?.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have any skin problems? (itching, rashes, acne)   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever had a head injury?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever been knocked out or unconscious?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had a seizure or suffer from epilepsy?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had a stinger, burner or pinched nerve?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever had heat related problems?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever been dizzy or passed out in the heat?.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you cough heavily, or breath heavily during activity?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you use any special equipment (e.g., knee brace)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you had any problems with your eyes or vision?.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Are you missing one of any paired organs (e.g., eyes)   | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Have you ever been diagnosed with any form of asthma?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you using an inhaler for asthma?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Are you diabetic?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you administer insulin to yourself?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Are you presently using tobacco in any form?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Do you have a history of sickle-cell anemia in your family?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Have you had any other medical problems?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Have you had a medical problem or injury within the last year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Can you swim?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. When was your last tetanus shot? _____  |                          |                          |

Please explain any YES answers from questions 1-18. \_\_\_\_\_

**PART III - PHYSICAL EXAMINATION**

NAME: \_\_\_\_\_ SEX \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_ PULSE \_\_\_\_\_

VISION: R- 20/ \_\_\_\_\_ L- 20/ \_\_\_\_\_ BOTH- 20/ \_\_\_\_\_ CORRECTED? Y N

	Normal	Abnormal	Comment
HEART			
Rhythm (Regular/Irregular)			
Murmur (supine)			
Murmur (standing)			
ENT			
Lungs			
Skin			
Abdominal			
Genitalia			
Musculoskeletal			
Neck			
Shoulder			
Elbow			
Wrist			
Hand			
Back			
Knee			
Ankle			
Foot			
Dental			
Other			

I have reviewed the data above, reviewed the student's medical history and make the following recommendations on participation in athletics:

1. Cleared \_\_\_\_\_
2. Cleared after additional evaluation for \_\_\_\_\_
3. Restricted from participating in the sports of \_\_\_\_\_
4. Cleared to participate in the sports of \_\_\_\_\_

Recommendations/Restriction \_\_\_\_\_

In accordance with KHSAA Bylaws, I have examined the physical condition of the student and find the said pupil to be physically fit to practice for and participate in interscholastic athletic contests.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Authorized Provider's Name (please print) \_\_\_\_\_

Address Phone \_\_\_\_\_

Date City, State, Zip \_\_\_\_\_

**PART IV - ACKNOWLEDGMENT OF RISK, STATEMENT OF HAZARDS IN PARTICIPATION IN ATHLETICS AND PARENTAL CONSENT AND RELEASE**

The student athlete and the parent/guardian should read this statement carefully. You should be aware that playing or practicing to play or helping with or participating in any manner in any sport can be a dangerous activity involving many risks of injury. The dangers and risks of playing, practicing to play, helping or participating in sports include, but are not limited to, death, serious neck, head and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of the body, general health and well being. Because of the dangers of participating in sports, the student should recognize the importance of following the coaches' instructions regarding playing techniques, training and other team rules and obey such instruction. In accordance with the purpose and spirit of KHSAA Bylaws, I acknowledge receipt of the included eligibility rules as put forth by the KHSAA and Kentucky Board of Education and understand additional rules may apply to my child. I also am aware of the risk of a wide range of injuries to my child as a result of participation in sports, with contact sports having a higher risk.

In accordance with the purpose and spirit of Kentucky High School Athletic Association Bylaws, Physician's Certificate and Parental Consent, I acknowledge receipt of the the current year's eligibility rules as promulgated by the Association and Kentucky Board of Education regulations. I understand that my child must have insurance coverage up to a limit of \$25,000 in order to be eligible to try for a place on an athletic team with the company listed below. I give consent for my son/daughter to represent his/her high school in interscholastic athletic contests for one calendar year from the date of this physical examination in the sport(s) checked below:

He/she is planning to participate in the following (circle all you might try to play):

- |            |               |              |          |        |            |
|------------|---------------|--------------|----------|--------|------------|
| Baseball   | Cross Country | Golf         | Softball | Tennis | Volleyball |
| Basketball | Football      | Soccer       | Swimming | Track  | Wrestling  |
|            | Cheerleading  | Other: _____ |          |        |            |

I also give my consent and approval for this student-athlete to receive a physical examination, as required by the KHSAA and acknowledge the risks inherent with participation. I understand that the information provided on this form is required by the KHSAA bylaws prior to my trying out to participate in any high school athletics or cheerleading squad. I give school representatives permission to release this student's demographic information and playing or participation statistics and other information as may be requested, and agree that the student may be photographed or otherwise digitally or electronically captured during competition and such image may be used without permission or compensation. I give my consent to the listed high school and the KHSAA to use and disclose the necessary personally identifiable information from my education records including, but not limited to, health care information, to third parties including, but not limited to, school representatives, coaches, athletic trainers, medical facilities, medical staffs, KHSAA legal counsel and the media, for the purpose of receiving proper/necessary medical care and complying with the KHSAA bylaws, including, but not limited to, making determinations regarding my eligibility to participate in high school athletics and any administrative or legal proceedings resulting from my participation or attempted participation in high school athletics, without such disclosure constituting a violation of my rights under the Family Educational Rights and Privacy Act. I further release the KHSAA from any and all claims arising out of the use and disclosure of said necessary personally identifiable information.

**Please complete both sides of this form, detach it from the Eligibility Rules and Regulations, and return it to the Principal of your high school immediately.** I understand this **must** be done before my child practices or participates in any one of the above listed sports. I also understand the personal safety of the student is of first importance to the school. In event of needed professional medical care, I give my permission for a representative of the school to transport my child to the nearest medical facility and for staff of that facility to render treatment.

*(To be completed and signed by parent/guardian)*

Signature of Parent/Guardian	Date
Students' Name	School
Parent's Name (please print)	Phone Number
Address	
Insurance Carrier	Policy Number

**Students desiring to participate in Wrestling must also complete KHSAA Form WR101 and required attachments between October 15 and December 15.**

**PART V. ATHLETES' ACKNOWLEDGMENT**

As an athlete I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, etc., and agree to obey such instruction in order to be safe and try to avoid injury. I give school representatives permission to release my demographic information and playing or participation statistics and other information as may be requested, and agree that I may be photographed or otherwise electronically or digitally captured during competition and such image may be used without my permission or compensation.

\_\_\_\_\_  
Signature of Athlete

**PART VI - EMERGENCY PERMISSION FORM**  
*(To be completed by parent / guardian)*

STUDENT NAME \_\_\_\_\_

SOC. SEC. NO \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

SCHOOL \_\_\_\_\_

BIRTH DATE \_\_\_\_\_

PHONE \_\_\_\_\_

PERSON TO CONTACT IN CASE OF MEDICAL EMERGENCY:

NAME \_\_\_\_\_

RELATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

DAYTIME PHONE \_\_\_\_\_

EVENING PHONE \_\_\_\_\_

Please list any health problems/concerns your child may have, including allergies (medications / others) and any medications presently being used: \_\_\_\_\_

\_\_\_\_\_

In the event that an athletic injury should occur to the above named student-athlete I give my permission for them to receive proper/necessary care from a certified athletic trainer or coach employed by or representing \_\_\_\_\_ School.

Furthermore, in the event that a medical emergency should occur and I cannot be contacted I give my permission for a school representative (coach, athletic trainer) to arrange for ambulance service to the nearest medical facility. I also give permission for the staff of the medical facility to render treatment which is considered necessary for the student-athletes well being.

\_\_\_\_\_  
Parent/Guardian Signature:

Date: \_\_\_\_\_

*Emergency permission form must be reproduced to travel with respective athlete and is acceptable for emergency treatment.*

*Physical Exam Valid for One Year from Date Administered.*

Physical Exam must be signed by authorized Health Care Providers named in Bylaw 2.