michigan high school athletic association

MHSAA SPORTS HEALTH QUESTIONNAIRE - CONSENT - INSURANCE

Shaded headline areas are to be completed by student, parent/guardian or18 year old

There are **FOUR** (4) signatures on this page 4 to be completed by student, parent/guardian and/or 18-year-old

Student Name: _____
last first middle initial

Student Address: _____
street city zip

Gender: ___ M ___ F Age:___Date of Birth:_____Place of Birth (City/State):_____

School:_____ Grade:_____

Father/Guardian Name: _____

Phone (home):_____(work):_____(cell):_____

Mother/Guardian Name: _____

Phone (home):_____(work):_____(cell): _____

Email Address: Parent/Guardian/18-Year-Old:_____

STUDENT PARTICIPATION & PARENT or GUARDIAN or 18 YEAR OLD CONSENT

The information submitted herein is truthful to the best of my knowledge. By my/my child's signature below, **I/we acknowledge that I/we have received concussion educational information that meets Michigan Department of Health and Human Services and MHSAA requirements**.

Further, in consideration of my/my child's participation in MHSAA-sponsored athletics, I/we do hereby agree, understand, appreciate, and acknowledge: **that participation in such athletics is purely voluntary; that such activities involve physical exertion and contact and that there is inherent risk of personal injury associated with participation in such activities, which risk I/we assume;** and that I/we agree to, and hereby waive any and all claims, suits, losses, actions, or causes of action against the MHSAA, its members, officers, representatives, committee members, employees, agents, attorneys, insurers, volunteers, and affiliates based on any injury to me, my child, or any person, whether because of inherent risk, accident, negligence, or otherwise, during or arising in any way from my/my child's participation in an MHSAA-sponsored sport.

I/we understand that I am/we are expected to adhere firmly to all established athletic policies of my school district and the MHSAA. I/we hereby give my consent for the above student to engage in interscholastic athletics and for the disclosure to the MHSAA of information otherwise protected by FERPA and HIPAA for the purpose of determining eligibility for interscholastic athletics. My child has my permission to accompany the team as a member on its out-of-town trips.

1 Signature of **STUDENT**:_____Date: _____

2 Signature of **PARENT** or **GUARDIAN** or **18-YEAR-OLD**:_____Date: _____

INSURANCE STATEMENT

Our son/daughter will comply with the specific insurance regulations of the school district.

The student-athlete has health insurance: ___ YES ___NO

If YES, Family Insurance Co:_____Insurance ID #: _____

Additionally, I hereby state that, to the best of my knowledge, my answers to the medical health questions (see reverse) are complete and correct.

3 Signature of **PARENT** or **GUARDIAN** or **18-YEAR-OLD**:_____Date: _____

- (DETACH HERE IF NEEDED TO ACCOMPANY STUDENT-ATHLETE) -

MEDICAL TREATMENT CONSENT: COMPLETED BY PARENT or GUARDIAN or 18 YEAR OLD

I,_____, an 18-year-old, or 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.

4 Signature of **PARENT** or **GUARDIAN** or **18-YEAR-OLD**:_____Date: _____