

MSHSAA PRE-PARTICIPATION DOCUMENTATION – ANNUAL REQUIREMENTS (All Sports & Activities)

| CURRENT HEALTH AND INJURY UPDATE (INTERIM MEDICAL UPDATE) | |
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| Note: Complete and sign this form (with your parents if younger than 18). Note: An injury or medical condition results in a separate medical release. | |
| Student Name: | Date of Birth: |
| Date: | |
| Medicines and supplements: List all current prescriptions, over-the-counter medicines and supplements (herbal and nutritional): | |
| Do you have any allergies? If yes, please list all of your allergies (i.e., medicines, pollens, food, stinging insects): | |
| Have you had any medical conditions/concussions/orthopedic injuries this past year that has resulted in a health care professional (MD/DO/ARNP/PA) denying or restricting your participation in any sport – spirit – marching band? | |
| If yes to the preceding question, have you provided appropriate documentation to the school clearing you back to such participation by a health care professional (MD/DO/ARNP/PA) for those medical conditions/concussions/orthopedic injuries? | |
| Are there any medical conditions you wish to disclose to the school that may need attention during the student's participation in any sport – spirit – marching band? | |
| I hereby state that, to the best of my knowledge, my answers to the questions herein are complete and correct. | |
| Signature of Student: | |
| Signature of Parent(s) or Guardian: | |
| Date: | |

| EMERGENCY CONTACT INFORMATION | | |
|--------------------------------------|-------------------------|--------------|
| Parent(s) or Guardian | Address | Phone Number |
| Name of Contact | Relationship to Student | Phone Number |