Athletic Participation/Physical Examination Form
Parental and Student Consent and Release
For Middle School Level (students enrolled in grades 5-8 participating in competition for grades 6-8)

KHSAA Form MS01
Middle School
Parent Permission and Consent
Rev. 7/23 page 1 of 4
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The student and parents/guardian must read this statement carefully and sign where required. By signing this form, all parties agree that they have accurately completed all sections of the form and have read and agree to the terms of this form as detailed. This form must be completed before the student participates (hereinafter including try out for, practice and/or compete) in interscholastic athletics. This form should be kept in a secure location until the student has exhausted eligibility, enrolled in high school and reached the age of sixteen (16).
Any use of additional optional supplemental forms such as the PPE01 to gather medical information from both the family and the medical community is to be kept separate from this form and maintained in compliance with state and federal privacy laws.

ATHLETE INFORMATION
(This part must be completed by the student and family)

Name (Last, First, Initial) _____ School Year _____

Home Address (Street, City, State, Zip): _____

Gender _____ Grade _____ School _____

Date of Birth: _____ Birth Place (County, State): _____

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

☐ Archery	☐ Bowling	☐ Esports	☐ Soccer	☐ Track and Field
☐ Baseball	☐ Competitive Cheer	☐ Football	☐ Softball	☐ Volleyball
☐ Basketball	☐ Cross Country	☐ Golf	☐ Swimming	☐ Wrestling
☐ Bass Fishing	☐ Dance	☐ Lacrosse	☐ Tennis	☐ Other

EMERGENCY CONTACT INFORMATION

_____ _____
Name (please print) Relation to Student

_____
Emergency Contact Address, including City, State and Zip

_____ _____
Daytime Phone Cell Phone

OPTIONAL INSURANCE INFORMATION (only for purpose of emergency treatment)

_____ _____ _____ _____
Insurance Carrier Policy Number / ID Number Group Number Plan

CONSENT INFORMATION TO PARTICIPATE, ACKNOWLEDGMENT OF RISK, ACKNOWLEDGEMENT OF ELIGIBILITY RULES, LIABILITY WAIVER AND CONSENT AND RELEASE

As parent/legal guardian, I agree to allow my child to participate in interscholastic athletics.

The student and parent/legal guardian recognize that participation in interscholastic athletics involves some inherent risks for potentially severe injuries, including but not limited to death, serious neck, head and spinal injuries, which may result in complete or partial paralysis, brain damage, serious injury to internal organs, serious injury to bones, joints, ligaments, muscles, tendons, and other aspects of the muscular-skeletal system, and serious injury or impairment to other aspects of the body, or effects to the general health and well-being of the child. Because of these inherent risks, the student and parent/legal guardian recognize the importance of the student following coaches' instructions regarding playing techniques, training and other team rules. By signing this form, the student and parent/legal guardian acknowledge that the student's participation is wholly voluntary and to having read and understood this provision.

The student and parent/legal guardian, individually and on behalf of the student, hereby irrevocably and unconditionally release, acquit, and forever discharge the KHSAA and its officers, agents, attorneys, representatives and employees (collectively, the "Releasees") from any and all losses, claims, demands, actions and causes of action, obligations, damages, and costs or expenses of any nature (including attorney's fees) that the student and/or parent/legal guardian incur or sustain to person, property or both, which arise out of, result from, occur during or are otherwise connected with the student's participation in interscholastic athletics if due to the ordinary negligence of the Releasees.

The student and parent/legal guardian, individually and on behalf of this student, consent to the high school and the KHSAA and their representatives to use and disclose the necessary personally identifiable information from the student's education records including academic, financial and health care information, to third parties including 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. This includes making determinations regarding eligibility to participate in interscholastic athletics and any administrative or legal proceedings resulting from participation or attempted participation in interscholastic athletics without such disclosure constituting a violation of rights under the Family Educational Rights and Privacy Act. The student and parent/legal guardian, individually and on behalf of this student, further release the high school, the KHSAA and their representatives from any and all claims arising out of the use and disclosure of

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said necessary personally identifiable information and agree to release to the high school, the KHSAA, and their representatives, upon request, the detailed and completed application for financial aid.

The student and parent/legal guardian, individually and on behalf of this student, give the high school, the KHSAA and the authorized representatives of the KHSAA permission to release this student's demographic information (including motion picture and still photographic images) and participation statistics (including height, weight and year in school, participation history and other performance-based statistics) and other information as may be requested or presented. The student and parent/legal guardian, individually and on behalf of this student, agree that the student may be photographed or otherwise digitally or electronically captured during school-based competition and such product used during normal KHSAA business, including commercial and internet-based video and still images. All of this material may be used without permission or compensation specifically related to the KHSAA and its events, without such use constituting a violation of rights under the Family Educational Rights and Privacy Act.

The student and parent/legal guardian, individually and on behalf of the student, hereby acknowledge that they are aware of and will review, if desired, the education materials available through the KHSAA, the Centers for Disease Control and other agencies regarding education all individuals with respect to nature and risk of concussion, head injury, or other ongoing health concerns, including the continuance of play after concussion or head injury.

The student and parent/legal guardian consent to this student receiving a physical examination as required by 702 KAR 7:065.

The student and parent/legal guardian, individual and on behalf of the student, hereby consent to allow the student to receive medical treatment that may be deemed advisable by the school, the KHSAA, and their representatives in the event of injury, accident or illness while participating in interscholastic athletics, including, but not limited to, transportation of the student to a medical facility. The student and parent/legal guardian, acknowledge that transportation to a medical facility may involve having to provide the student's birthday and social security number solely for potential hospitalization and emergency care needs and is not required to be recorded on this form. However, those failing to provide this information should be aware that this might be required by emergency treatment facilities prior to rendering service, and failure to provide could result in lack of appropriate care.

STUDENT AND PARENT/GUARDIAN ACKNOWLEDGMENT OF RISK, ELIGIBILITY RULES, LIABILITY WAIVER AND CONSENT AND RELEASE AND EMERGENCY PERMISSION FORM

_____ _____
Students' Name (please print) School

_____
Student and Parent/Guardian Address including City, State and Zip

_____ _____
Signature of Student Date

_____
Please list above any health problems/concerns this student may have, including allergies (medications / others) and any medications presently being used

_____ _____
Name of Parent(s)/Guardian(s) who has/have custody of this student (please print) Emergency Phone Number

_____ _____
Signature of Parent(s)/Guardian(s) who has/have custody of this student Date

Each individual group meeting the requirements of 702 KAR 7:065, Section 3(x) may have supplement waivers and disclaimer requirements. In this case, both the MS01 and the required form of the approved group would be required.

THIS PAGE IS TO ENSURE THAT THE GE04 IS DISTRIBUTED AS NEEDED TO GIVE PERMISSION FOR MEDICAL TREATMENT. THE GE04 FORM SHOULD BE KEPT ON FILE UNTIL ONE YEAR AFTER THE STUDENT GRADUATES. THE GE04 FORM ONLY MAY BE USED TO TRAVEL WITH THE TEAM IN THE EVENT OF AN EMERGENCY.

HOWEVER IF THE OPTIONAL PPE01 FORM IS USED IN ANY WAY, THE THREE PAGES OF THAT FORM ARE NOT TO BE KEPT WITH THE GE04 AND SHOULD NOT BE HELD AT THE SCHOOL. PER STATE AND FEDERAL PRIVACY LAWS, THIS IS CONFIDENTIAL COMMUNICATION BETWEEN MEDICAL PROVIDER AND PATIENT AND SECURITY OF THIS INFORMATION IS PROTECTED BY A SERIES OF LAWS AND SHOULD REMAIN WITH THE FAMILY AND THE MEDICAL PROVIDER.

PER GUIDANCE FROM AMERICAN ACADEMY OF FAMILY PHYSICIANS, AMERICAN ACADEMY OF PEDIATRICS, AMERICAN COLLEGE OF SPORTS MEDICINE, AMERICAN MEDICAL SOCIETY FOR SPORTS MEDICINE, AMERICAN ORTHOPAEDIC SOCIETY FOR SPORTS MEDICINE, AND AMERICAN OSTEOPATHIC ACADEMY OF SPORTS MEDICINE, THE CONTENTS OF THE OPTIONAL PPE01 TO BE KEPT IN THE STRICTEST OF PRIVACY IN COMPLIANCE APPLICABLE LAWS.

■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name: _____ Date of birth: _____

☐ Medically eligible for all sports without restriction

☐ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

_____

_____

☐ Medically eligible for certain sports

_____

_____

☐ Not medically eligible pending further evaluation

☐ Not medically eligible for any sports

Recommendations: _____

_____

_____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA
or DC (if within scope of practice)

SHARED EMERGENCY INFORMATION

Allergies: _____

_____

_____

Medications: _____

_____

_____

Other information: _____

_____

_____

Emergency contacts: _____

_____

_____

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