



2018-19 MIHS Signatures

Student Athlete:	Sport:
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As Parent/Guardian of the above named Student, I (we) hereby acknowledge I (we) have read and understand the warning included on the online [Athletic Eligibility Handbook](#), and still give permission for him/her to participate in all the sports and related activities offered by Mercer Island School District ([if any exceptions please indicate which sport](#)). We realize that falsification of requested information will result ineligibility and loss of team contests due to the participation of ineligible player. The signatures below acknowledge that a parent or guardian and the participating student acknowledge they carefully read this entire form and the information is true.

Parent/Guardian Initial	Student Initial	
_____	_____	Risk and Safety Guidelines/ Safety
_____	_____	Athletic Training, Injury and Concussion
_____	_____	Sudden Cardiac Arrest
_____	_____	Concussion/ IMPact Testing
_____	_____	Athletics and Activities Conduct Code
_____	_____	MIHS Parent/Athlete Code of Ethics
_____	_____	Uniform and Equipment Fines:
_____	_____	Academic Eligibility Acknowledgment

By initial above and signing this form, I/we acknowledge that we have read and understand all forms and safety as it pertains to each specific sport.

Date: _____

Student/Athlete Signature: _____

Date: _____

Parent/Guardian Signature: _____

*****A SIGNATURE FORM MUST BE COMPLETED FOR EACH SPORT A STUDENT PARTICIPATES IN*****

MERCER ISLAND HIGH SCHOOL
ATHLETIC HEALTH FORM
To be filled out by the student/parent

Student _____ Birth Date _____ Grade _____ Gender _____

Address _____ Hm. Phone _____ Wk. Phone _____

Physician's Name (Please Print) _____ Phone _____

Physician's Address _____

Date of last Tetanus Immunization? _____ Date of last Measles Immunization? _____

- | Explain "Yes" answers below | No | Yes |
|---|-----------------------|-----------------------|
| 1. Overnight hospitalizations, operations or surgery? Dates | <input type="radio"/> | <input type="radio"/> |
| 2. Are you presently taking any medication or pills? | <input type="radio"/> | <input type="radio"/> |
| 3. Do you have any allergies (medicine, bees or other stinging insects?) | <input type="radio"/> | <input type="radio"/> |
| 4. Have you ever passed out during or after exercise? | <input type="radio"/> | <input type="radio"/> |
| Have you ever been dizzy during or after exercise? | <input type="radio"/> | <input type="radio"/> |
| Do you tire more quickly than your friends during exercise? | <input type="radio"/> | <input type="radio"/> |
| Have you ever had high blood pressure? | <input type="radio"/> | <input type="radio"/> |
| Have you ever been told that you have a heart murmur? | <input type="radio"/> | <input type="radio"/> |
| Have you ever had racing of your heart or skipped heartbeats? | <input type="radio"/> | <input type="radio"/> |
| Anyone under 50 yrs old in the family die of heart problems? | <input type="radio"/> | <input type="radio"/> |
| 5. Do you have any skin problems? | <input type="radio"/> | <input type="radio"/> |
| 6. Have you ever had a head injury? | <input type="radio"/> | <input type="radio"/> |
| Have you ever been knocked out or unconscious? | <input type="radio"/> | <input type="radio"/> |
| Have you ever had a seizure? | <input type="radio"/> | <input type="radio"/> |
| Have you ever had a stinger, burner or pinched nerve? | <input type="radio"/> | <input type="radio"/> |
| 7. Have you ever had heat or muscle cramps? | <input type="radio"/> | <input type="radio"/> |
| Have you ever been dizzy or passed out in the heat? | <input type="radio"/> | <input type="radio"/> |
| 8. Do you have trouble breathing or do you cough during or after activity? | <input type="radio"/> | <input type="radio"/> |
| 9. Do you use any special equipment (pads, braces, mouth guard, etc)? | <input type="radio"/> | <input type="radio"/> |
| 10. Have you had any problems with your eyes or vision? | <input type="radio"/> | <input type="radio"/> |
| Do you wear glasses or contacts or protective eye or vision? | <input type="radio"/> | <input type="radio"/> |
| 11. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints? | <input type="radio"/> | <input type="radio"/> |
| o Head o Shoulder o Thigh o Neck o Elbow o Knee o Chest o Foot | | |
| o Forearm o Shin/calf o Back o Wrist o Ankle o Hip o Hand | | |
| 12. Females Only: Have your menses begun? _____ | | |
| Do they come more often than once a month? _____ Less often than every two months? _____ | | |

Explain "Yes" answers to Questions 1-12 above: _____

The signature below indicates that a parent/guardian and the participating student acknowledge they have carefully read this form and the above information is true.

STUDENT SIGNATURE: _____

DATE: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

MERCER ISLAND HIGH SCHOOL
PHYSICAL EXAMINATION

To be completed by a physician with signature for sports clearance once each school year
 Mercer Island School District requires a physical exam every two years for sports participation

Name: _____ Date: _____

Height: _____ Weight: _____ BP: _____ / _____ Pulse: _____

Vision: R 20/ _____ L 20/ _____ Corrected: Y N Pupils _____

	Normal	Abnormal Findings	Initials
Cardiopulmonary			
Pulse			
Heart			
Lungs			
Skin			
Abdominal			
Genitalia			
Musculoskeletal			
Neck			
Shoulder			
Elbow			
Wrist			
Hand			
Back			
Knee			
Ankle			
Foot			
Other			

Clearance:

A. Cleared

B. Cleared after completing evaluation/rehabilitation for: _____

C. Not Cleared for: Collision
 Contact
 Activity level _____ Strenuous _____ Moderately strenuous _____ Non strenuous

Due to: _____

Recommendation: _____

Name of Physician: (PLEASE PRINT) _____ Phone: _____

Physician's Signature: _____ Date of Exam: _____

Date of Signature: _____

For office use only Exam Exp: _____ Clearance Exp: _____
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Mercer Island School District #400

Athletic Medical Emergency Authorization Form

All 2018-2019 Sports

Grade _____ Birthdate _____ Gender _____

Name _____ (Last) _____ (First) _____ Parent 1 Name _____ Parent 2 Name _____

Home Phone _____ Parent 1 Wk. Phone _____ Parent 2 Wk. Phone _____

Address: _____ Parent 1 Cell Phone _____ Parent 2 Cell Phone _____

_____ Email Address _____

Emergency Contact Name (other than parent) _____ Emergency Contact Phone _____

Severe Allergies _____ Drugs allergic to: _____ Date of Last Tetanus Shot _____

Emergency Medication _____ Chronic Illness _____

Significant Injuries or Illness (such as seizures, heart condition, fractures, concussions, or sport-related surgeries) _____
Date _____ Injury _____ Location on Body _____ Comment _____

1. _____
2. _____

Other past medical conditions that the school should be aware of are: (add any comments on students' physical condition deemed important):

Choice of Physician to be called in case of an emergency:

1. Name _____ Phone _____

Choice of Hospital to be used _____ Health Insurance Co. _____

As parent or legal guardian, I authorize the team physician, team trainer, or the coach to render the necessary emergency procedure for any such injury. I would also authorize the above persons to provide the appropriate course of professional emergency care, such as Aid Car, EMS, or emergency room transportation, including consultation and treatment by a specialist (ie. a surgeon or other medical professionals). Every effort will be made to contact the parents or guardians of the nature of the problem and the treatment involved beforehand.

SIGNED _____ (Parent or Guardian)