



MISSISSIPPI ATHLETIC PARTICIPATION FORM
ATHLETIC HEALTH HISTORY
-DO NOT FOLD FORM-BLACK INK ONLY

Community Service Complex
1001 S. Harper Road
Corinth, MS 38834
(662) 287-1400

Name: \_\_\_\_\_ Grade next year: \_\_\_\_\_
Sex: Male Female Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_
Address: \_\_\_\_\_
Family Physician: \_\_\_\_\_
Parent/Guardian Name: \_\_\_\_\_
Emergency Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_
Work Phone:(\_\_\_\_) - \_\_\_\_ - \_\_\_\_ Mobile Phone:(\_\_\_\_) - \_\_\_\_ - \_\_\_\_

School: \_\_\_\_\_

Sports Next Year

- Band/Color Guard
Baseball
Basketball
Bowling
Cheerleading
Cross Country
Dance
Fast-Pitch
Football
Golf
Powerlifting
Slow-Pitch
Soccer
Tennis
Track and Field
Volleyball

FAMILY MEDICAL HISTORY

Has any member of your family under age 50 had these conditions?

Table with columns: Yes, No, Condition, Whom. Lists conditions like Heart Attack, Sudden Death, Stroke, etc.

ATHLETE'S ORTHOPAEDIC HISTORY

Has the athlete had any of the following injuries?

Table with columns: Yes, No, Condition (indicate L or R), YEAR. Lists injuries like Head Injury, Neck Injury, etc.

Explain "Yes" answers: \_\_\_\_\_

ATHLETE'S MEDICAL HISTORY

Has the athlete had any of these conditions?

Table with columns: Yes, No, Condition. Lists conditions like Heart Murmur, Organ Loss, etc.

Explain "Yes" answers: \_\_\_\_\_

Date of Last Tetanus Immunization (YEAR): \_\_\_\_\_

I hereby state that my answers to these questions are correct to the best of my knowledge.

Signature of Athlete: \_\_\_\_\_ Date: \_\_\_\_\_

INFORMATION BELOW TO BE FILLED OUT BY MEDICAL PERSONNEL ONLY

Height \_\_\_\_\_' \_\_\_\_\_" Weight \_\_\_\_\_ Lbs. Blood Pressure \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Re-check by MD \_\_\_\_\_/\_\_\_\_\_

ORTHOPAEDIC EXAM

Table for Orthopaedic Exam with columns: Norm, Abnl, Scoliosis. Lists Spine/Neck, Upper Extremity, Lower Extremity.

GENERAL MEDICAL EXAM

Table for General Medical Exam with columns: Norm, Abnl. Lists Ears, Nose, Throat, Eyes, Lungs, Heart, Skin.

FLEXIBILITY

Hamstrings \_\_\_Poor \_\_\_Fair \_\_\_Average \_\_\_Good \_\_\_Excellent

VISION L 20/\_\_\_\_ R 20/\_\_\_\_ Glasses on \_\_\_\_\_ Contacts in \_\_\_\_\_

General Health Comments \_\_\_\_\_

PARTICIPATION LEVEL

- [X] From this limited screening I see no reason why this student cannot participate in athletics.
[ ] Student needs further evaluation by regular family physician.

Physician/Clinician \_\_\_\_\_ Physician/Clinician Signature \_\_\_\_\_



**Magnolia Regional Health Center Pre-participation Exam Student Waiver**

Federal law protects physicians who provide athletic physicals on a voluntary basis. The law requires physicians to obtain a signed waiver from the student’s parent/guardian unless that student is 18 or older. Students who have not completed the following waiver may not participate in the athletic physicals provided by Magnolia Regional Health Center.

This waiver is executed in compliance with Mississippi law, which states that if a physician voluntarily provides needed medical or health services to any program at an accredited school in the state without expectation of payment, the physician will be immune from liability for any civil action arising out of the provision of those medical and/or health care services which were provided in good faith on a charitable basis. Such immunity does not extend to acts of willful or gross negligence.

**Magnolia Regional Health Center Athletic Release-of-Liability**

In consideration of participation in pre-season athletic evaluation, I fully and finally release Magnolia Regional Health Center and all of their officers, directors, trustees, employees, or other agents for any claim, rights, or causes of action that may occur from my participation.

**Magnolia Regional Health Center Permission for Treatment**

I/We acknowledge that even with the best coaching, the most advanced equipment, and strict observation of the rules, injuries are still possible. On rare occasions these injuries are severe and result in disability, paralysis, and even death. I/We further grant permission to the school, Magnolia Regional Health Center, its physicians, athletic trainers, and Emergency Department to render aid, treatment, medical, or surgical care deemed reasonably necessary to the health and well-being of the student athlete named above during or resulting from participation in athletics.

**Magnolia Regional Health Center Permission for Concussion Testing**

I grant permission for Magnolia Regional Health Center’s Department of Rehabilitation, section of Sports Medicine, to perform electronic baseline concussion testing and follow-up assessments as needed in the event my child sustains a head injury, either in practice, game, or non-school activity.

**Magnolia Regional Health Center Confidentiality Waiver**

By signing below, I grant permission to the MRHC Staff and other medical personnel to discuss my child’s injury, diagnosis, medical condition, medications, treatment, rehabilitation program, follow-up care, and any other necessary medical information pertaining to the well-being of my child on a need to know basis as it relates to treatment, payment and operations.

**Magnolia Regional Health Center Permit to Photograph**

I grant permission to permit photographs or video to be taken of my child while participating in any event relating to Magnolia Regional Health Center to be used in print, social media, or other methods for marketing and/or advertisement purposes.

**Legal/Parent Consent for Athletic Pre-Participation Screening**

By the execution of this consent, the student athlete named below and his/her parent/guardian(s) do hereby consent to screening, examination, and testing of the student athlete during the course of the pre-participation examination by those performing the evaluation, and to the taking of medical history information and the recording of that history and the findings and comments pertaining to the student athlete on the forms attached hereto by those practitioners performing the examination. As parent or legal Guardian, I/We remain fully responsible for any legal responsibility which may result from any personal actions taken by the above named student athlete.

_____	_____	_____
<b>SIGNATURE OF PARENT OR GUARDIAN</b>	<b>SIGNATURE OF ATHLETE</b>	<b>DATE</b>

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