

10. Do you have any heart related problems/defects/symptoms? Yes No
11. Do you see a doctor for a chronic or ongoing medical problem? Yes No
12. Have you been diagnosed with a skin infection within the past year? Yes No
13. Have you ever been diagnosed with a concussion? Yes No

List Dates: _____

Are you cleared to participate in sports? Yes No

If you have answered "yes" to any of the above questions, please explain your answers in detail. Remember this information is pertinent to pass on to emergency medical personnel in the event of an emergency situation, so please be specific. _____

If you have a doctor's order to take any emergency medication such as EPI pens, inhalers, or seizure medication, (etc.) you will need to provide a written physician order for such, and provide the above medication to be kept in the coach's first aid kit. (This will travel with the player for away games). (Medications will be returned at the close of the season). The following is a list of medications my child will be keeping in the coach's first aid kit along with a physician's order, parent signature and directions on how and when to use. _____

If KMMS has physician orders on file for the above medication, indicate here. Yes No
(The nurse will forward a copy to the coach).

If you have any other pertinent family medical history to provide or any other information that might keep the players safe and the coaches informed, please include that information here.

I understand that the school's insurance does not cover any injuries that may occur from this activity.

I agree the above information is accurate and complete and release Kettle Moraine School District from any accident/injury/illness related liability. I certify that all information above is accurate to the best of my knowledge.

- *This form will need to be updated each school year.
- *All medications need to be supplied in original packaging.
- *Wisconsin state statutes indicate, with a MD order/parent written permission, students may self carry and self administer their own inhalers. We still ask that these orders be kept on file with the coaches.

Parent/Guardian signature _____ Date _____