



PRE-PARTICIPATION PHYSICAL EVALUATION

PPE is required annually and shall not be taken earlier than May 1 preceding the school year for which it is applicable.

HISTORY FORM (Pages 1 & 2 should be filled out by the student and parent/guardian prior to the physical examination)

Name Sex Age Date of birth
Grade School Sport(s)
Home Address Phone
Personal physician Parent Email

List past and current medical conditions:
Have you ever had surgery? If yes, list all past surgical procedures:
Medicines and Allergies:
Please list all of the prescription and over-the-counter medicines, inhalers, and supplements (herbal and nutritional) that you are currently taking:
Do you have any allergies? Yes No If yes, please identify specific allergy below.
Medicines Food: Pollens Stinging Insects
What was the reaction?

Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.

Table with 3 columns: Question, YES, NO. Sections include: GENERAL QUESTIONS (4 items), HEART HEALTH QUESTIONS ABOUT YOU (6 items), HEART HEALTH QUESTIONS ABOUT YOUR FAMILY (3 items), BONE AND JOINT QUESTIONS (7 items).

# KSHSAA PRE-PARTICIPATION PHYSICAL EVALUATION

MEDICAL QUESTIONS:		YES	NO	
22. Do you cough, wheeze, or have difficulty breathing during or after exercise?				
23. Have you ever used an inhaler or taken asthma medicine?				
24. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organs?				
25. Do you have groin or testicle pain, a bump, a painful bulge or hernia in the groin area?				
26. Have you had infectious mononucleosis (mono)?				
27. Do you have any recurring skin rashes or skin infection that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?				
28. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?				
If yes, how many?				
What is the longest time it took for full recovery?				
When were you last released?				
29. Do you have headaches with exercise?				
30. Have you ever had numbness, tingling, weakness in your arms (including stingers/burners) or legs, or been unable to move your arms or legs after being hit or falling?				
31. Have you ever become ill while exercising in the heat?				
32. Do you get frequent muscle cramps when exercising?				
33. Do you or does someone in your family have sickle cell trait or disease?				
34. Have you ever had or do you have any problems with your eyes or vision?				
35. Do you wear protective eyewear, such as goggles or a face shield?				
36. Do you worry about your weight?				
37. Are you trying to or has anyone recommended that you gain or lose weight?				
38. Are you on a special diet or do you avoid certain types of foods or food groups?				
39. Have you ever had an eating disorder?				
40. How do you currently identify your gender?	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> Other _____	
41. Over the last 2 weeks, how often have you been bothered by any of the following problems? (check box)				
	NOT AT ALL	SEVERAL DAYS	OVER HALF THE DAYS	NEARLY EVERY DAY
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3
(A sum of 3 or more is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes) Patient Health Questionnaire Version 4 (PHQ-4)				
FEMALES ONLY:		YES	NO	
42. Have you ever had a menstrual period?				
43. If yes, are you experiencing any problems or changes with athletic participation (i.e., irregularity, pain, etc.)?				
44. How old were you when you had your first menstrual period?				
45. When was your most recent menstrual period?				
46. How many menstrual periods have you had in the past 12 months?				

Explain all Yes answers here \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of student-athlete \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

# KSHSAA PRE-PARTICIPATION PHYSICAL EVALUATION

## PHYSICAL EXAMINATION FORM

Name _____	Date of birth _____
Date of recent immunizations:	Td _____ Tdap _____ Hep B _____ Varicella _____ HPV _____ Meningococcal _____

### PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
  - Do you feel stressed out or under a lot of pressure?
  - Do you ever feel sad, hopeless, depressed, or anxious?
  - Do you feel safe at your home or residence?
  - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
  - During the past 30 days, did you use chewing tobacco, snuff, or dip?
  - Do you drink alcohol or use any other drugs?
  - Have you ever taken anabolic steroids or used any other performance enhancing supplement?
  - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
  - Do you wear a seat belt, use a helmet and adhere to safe sex practices?
- Consider reviewing questions on cardiovascular symptoms (questions 5-14 of History Form).
- Per Kansas statute, any school athlete who has sustained a concussion shall not return to competition or practice until the athlete is evaluated by a healthcare provider and the healthcare provider (MD or DO only) provides such athlete a written clearance to return to play or practice.

EXAMINATION	
Height _____	Weight _____
Male <input type="checkbox"/> Female <input type="checkbox"/>	BP (reference gender/height/age chart)**** / ( / ) Pulse _____
Vision R 20/ _____	L 20/ _____ Corrected: Yes <input type="checkbox"/> No <input type="checkbox"/>
MEDICAL	NORMAL ABNORMAL FINDINGS
Appearance - Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)	
Eyes/ears/nose/throat - Pupils equal, Gross Hearing	
Lymph nodes	
Heart * - Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)	
Pulses - Simultaneous femoral and radial pulses	
Lungs	
Abdomen	
Skin - Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant Staphylococcus aureus (MRSA), or tinea corporis	
Neurological****	
Genitourinary (optional-males only)**	
MUSCULOSKELETAL	NORMAL ABNORMAL FINDINGS
Neck	
Back	
Shoulder/arm	
Elbow/forearm	
Wrist/hand/fingers	
Hip/thigh	
Knee	
Leg/ankle	
Foot/toes	
Functional - e.g. double-leg squat test, single-leg squat test, and box drop or step drop test	

\*Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those. \*\*Consider GU exam if in appropriate medical setting. Having third party present is recommended. \*\*\*\*Consider cognitive evaluation or baseline neuropsychiatric testing if a significant history of concussion. \*\*\*\*\*Flynn JT, Kaelber DC, Baker-Smith CM, et al. Clinical Practice Guideline for Screening and Management of High Blood Pressure in Children and Adolescents. Pediatrics. 2017;140(3):e20171904.

I acknowledge I have reviewed the preceding patient history pages and have performed the above physical examination on the student named on this form.

Name of healthcare provider (print/type) \_\_\_\_\_ Date \_\_\_\_\_

Signature of healthcare provider \_\_\_\_\_, MD, DO, DC, PA-C, APRN  
(please circle one)

Address \_\_\_\_\_ Phone \_\_\_\_\_

**Healthcare Providers: You must complete the Medical Eligibility Form on the following page**

Kansas State High School Activities Association, 601 SW Commerce Place | PO Box 495 | Topeka, KS 66601 | 785-273-5329

Adapted from PPE: Preparticipation Physical Evaluation, 5th Edition, © 2019 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. Permission is granted to reprint for noncommercial, educational purposes with acknowledgment.

# KSHSAA PRE-PARTICIPATION 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, except as indicated above. 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 healthcare provider (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of healthcare provider: \_\_\_\_\_, MD, DO, DC, or PA-C, APRN

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## SHARED EMERGENCY INFORMATION

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Other information: \_\_\_\_\_

Emergency contacts: \_\_\_\_\_

## Parent or Guardian Consent

To be eligible for participation in interscholastic athletics/spirit groups, a student must have on file with the superintendent or principal, a signed statement by a physician, chiropractor, physician's assistant who has been authorized to perform the examination by a Kansas licensed supervising physician or an advanced practice registered nurse who has been authorized to perform this examination by a Kansas licensed supervising physician, certifying the student has passed an adequate physical examination and is physically fit to participate (See KSHSAA Handbook, Rule 7). A complete history and physical examination must be performed annually before a student participates in KSHSAA interscholastic athletics/cheerleading.

I do not know of any existing physical or any additional health reasons that would preclude participation in activities. I certify that the answers to the questions in the HISTORY part of the Preparticipation Physical Examination (PPE), are true and accurate. I approve participation in activities. I hereby authorize release to the KSHSAA, school nurse, certified athletic trainer (whether employee or independent contractor of the school), school administrators, coach and medical provider of information contained in this document. Upon written request, I may receive a copy of this document for my own personal health care records.

I acknowledge that there are risks of participating, including the possibility of catastrophic injury. I hereby give my consent for the above student to compete in KSHSAA approved activities, and to accompany school representatives on school trips and receive emergency medical treatment when necessary. It is understood that neither the KSHSAA nor the school assumes any responsibility in case of accident. The undersigned agrees to be responsible for the safe return of all equipment issued by the school to the student.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

The parties to this document agree that an electronic signature is intended to make this writing effective and binding and to have the same force and effect as the use of a manual signature.

# ATTENTION PARENTS AND STUDENTS: KSHSAA ELIGIBILITY CHECKLIST

Student's Name \_\_\_\_\_ (PLEASE PRINT CLEARLY)

NOTE: Transfer Rule 18 states in part, a student is eligible transfer-wise if:

**BEGINNING SEVENTH GRADER**—A seventh grader, at the beginning of his or her seventh grade year, is eligible under the Transfer Rule at any school he or she may choose to attend. In addition, age and academic eligibility requirements must also be met.

**BEGINNING NINTH GRADERS IN A THREE-YEAR JUNIOR HIGH SCHOOL**—So that ninth graders of a three-year junior high are treated equally to ninth graders of a four-year senior high school, a student who has successfully completed the eighth grade of a two-year junior high/middle school, may transfer to the ninth grade of a three-year junior high school at the beginning of the school year and be eligible immediately under the Transfer Rule. Such a ninth grader must then, as a tenth grader, attend the feeder senior high school of their school system. Should they attend a different school as a tenth grader, they would be ineligible for eighteen weeks.

**ENTERING HIGH SCHOOL FOR THE FIRST TIME**—A senior high school student is eligible under the Transfer Rule at any senior high school he or she may choose to attend when senior high is entered for the first time at the beginning of the school year. In addition, age and academic eligibility requirements must also be met.

## For Middle/Junior High and Senior High School Students to Retain Eligibility

Schools may have stricter rules than those pertaining to the questions above or listed below. Contact the principal or coach on any matter of eligibility. A student eligible to participate in interscholastic activities must be certified by the school principal as meeting all eligibility standards.

All KSHSAA rules and regulations are published in the official KSHSAA Handbook which is distributed annually to schools and is available at [www.kshsaa.org](http://www.kshsaa.org).

Below Are Brief Summaries Of Selected Rules. Please See Your Principal For Complete Information.

- Rule 7 Physical Evaluation - Parental Consent—Students shall have passed the attached evaluation and have the written consent of their parents or legal guardian.
- Rule 14 Bona Fide Student—Eligible students shall be a bona fide undergraduate member of his/her school in good standing.
- Rule 15 Enrollment/Attendance—Students must be regularly enrolled and in attendance not later than Monday of the fourth week of the semester in which they participate.
- Rule 16 Semester Requirements—A student shall not have more than two semesters of possible eligibility in grade seven and two semesters in grade eight. A student shall not have more than eight consecutive semesters of possible eligibility in grades nine through twelve, regardless of whether the ninth grade is included in junior high or in a senior high school.  
NOTE: If a student does not participate or is ineligible due to transfer, scholarship, etc., the semester(s) during that period shall be counted toward the total number of semesters possible.
- Rule 17 Age Requirements—Students are eligible if they are not 19 years of age (16, 15 or 14 for junior high or middle school student) on or before August 1 of the school year in which they compete.
- Rule 19 Undue Influence—The use of undue influence by any person to secure or retain a student shall cause ineligibility. If tuition is charged or reduced, it shall meet the requirements of the KSHSAA.
- Rules 20/21 Amateur and Awards Rules—Students are eligible if they have not competed under a false name or for money or merchandise of intrinsic value, and have observed all other provisions of the Amateur and Awards Rules.
- Rule 22 Outside Competition—Students may not engage in outside competition in the same sport during a season in which they are representing their school. NOTE: Consult the coach, athletic director or principal before participating individually or on a team in any game, training session, contest, or tryout conducted by an outside organization.
- Rule 25 Anti-Fraternity—Students are eligible if they are not members of any fraternity or other organization prohibited by law or by the rules of the KSHSAA.
- Rule 26 Anti-Tryout and Private Instruction—Students are eligible if they have not participated in training sessions or tryouts held by colleges or other outside agencies or organizations in the same sport while a member of a school athletic team.
- Rule 30 Seasons of Sport—Students are not eligible for more than four seasons in one sport in a four-year high school, three seasons in a three-year high school or two seasons in a two-year high school.

## For Middle/Junior High and Senior High School Students to Determine Eligibility When Enrolling

If a negative response is given to any of the following questions, this enrollee should contact his/her administrator in charge of evaluating eligibility. This should be done before the student is allowed to attend his/her first class and prior to the first activity practice. If questions still exist, the school administrator should telephone the KSHSAA for a final determination of eligibility. (Schools shall process a Certificate of Transfer Form T-E on all transfer students.)

- | YES                         | NO                       |   |
|-----------------------------|--------------------------|---|
| 1. <input type="checkbox"/> | <input type="checkbox"/> | Are you a bona fide student in good standing in school? (If there is a question, your principal will make that determination.)  |
| 2. <input type="checkbox"/> | <input type="checkbox"/> | Did you pass at least five new subjects (those not previously passed) last semester? (The KSHSAA has a minimum regulation which requires you to pass at least five subjects of unit weight in your last semester of attendance.)                              |
| 3. <input type="checkbox"/> | <input type="checkbox"/> | Are you planning to enroll in at least five new subjects (those not previously passed) of unit weight this coming semester? (The KSHSAA has a minimum regulation which requires you to enroll and be in attendance in at least five subjects of unit weight.) |
| 4. <input type="checkbox"/> | <input type="checkbox"/> | Did you attend this school or a feeder school in your district last semester? (If the answer is "no" to this question, please answer Sections a and b.)   |
| <input type="checkbox"/>    | <input type="checkbox"/> | a. Do you reside with your parents?   |
| <input type="checkbox"/>    | <input type="checkbox"/> | b. If you reside with your parents, have they made a permanent and bona fide move into your school's attendance center?   |

The above named student and I have read the KSHSAA Eligibility Checklist and how to retain eligibility information listed in this form. The student/parent authorizes the school to release to the KSHSAA student records and other pertinent documents and information for the purpose of determining student eligibility. The student/parent also authorizes the school and the KSHSAA to publish the name and picture of student as a result of participating in or attending extra-curricular activities, school events and KSHSAA activities or events.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of student \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

The parties to this document agree that an electronic signature is intended to make this writing effective and binding and to have the same force and effect as the use of a manual signature.

**This form must be signed by the student athlete and parent/guardian before the student participates in any athletic or spirit practice or contest each school year.**

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:		Signs observed by teammates, parents, and coaches include:	
<ul style="list-style-type: none"> <li>• Headaches</li> <li>• “Pressure in head”</li> <li>• Nausea and Vomiting</li> <li>• Neck Pain</li> <li>• Balance problems or Dizziness</li> <li>• Blurred, double, or fuzzy vision</li> <li>• Sensitivity to light or noise</li> <li>• Feeling sluggish or slowed down</li> <li>• Feeling foggy or groggy</li> <li>• Drowsiness</li> <li>• Change in sleep patterns</li> </ul>	<ul style="list-style-type: none"> <li>• Amnesia</li> <li>• “Don’t feel right”</li> <li>• Fatigue or low energy</li> <li>• Sadness</li> <li>• Nervousness or anxiety</li> <li>• Irritability</li> <li>• More emotional</li> <li>• Confusion</li> <li>• Concentration or memory problems (forgetting game plays)</li> <li>• Repeating the same question/comment</li> </ul>	<ul style="list-style-type: none"> <li>• Appears dazed</li> <li>• Vacant facial expression</li> <li>• Confused about assignment</li> <li>• Forgets plays</li> <li>• Is unsure of game, score, or opponent</li> <li>• Moves clumsily or displays incoordination</li> <li>• Answers questions slowly</li> <li>• Slurred Speech</li> </ul>	<ul style="list-style-type: none"> <li>• Shows behavior or Personality Changes</li> <li>• Can’t recall events prior to hit</li> <li>• Can’t recall events after hit</li> <li>• Seizures or convulsions</li> <li>• Any change in typical behavior or personality</li> <li>• Loses consciousness</li> </ul>

Adapted from the CDC and the 3rd International Conference in Sport

**What can happen if my child keeps on playing with a concussion or returns too soon?**

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one (second impact syndrome). This can lead to prolonged recovery, or even to severe brain swelling with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete’s safety.

**If you think your child has suffered a concussion**

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately and an urgent referral to a health care provider should be arranged (if not already onsite). No athlete may return to activity after sustaining a concussion, regardless of how mild it seems or how quickly symptoms clear, without written medical clearance from a Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO). Close observation of the athlete should continue for several hours. You should also inform your child’s coach if you think that your child may have a concussion. Remember, it is better to miss one game than miss the whole season. **When in doubt, the athlete sits out!**

**Cognitive Rest & Return to Learn**

The first step to concussion recovery is cognitive rest. This is essential for the brain to heal. Activities that require concentration and attention such as trying to meet academic requirements, the use of electronic devices (computers, tablets, video games, texting, etc.), and exposure to loud noises may worsen symptoms and delay recovery. Students may need their academic workload modified while they are initially recovering from a concussion. Decreasing stress on the brain early on after a concussion may lessen symptoms and shorten the recovery time. This may involve staying home from school for a few days, followed by a lightened school schedule, gradually increasing to normal. Any academic modifications should be coordinated jointly between the student’s medical providers and school personnel. After the initial 24-48 hours from the injury, under direction from their health care provider, patients can be encouraged to become gradually and progressively more active while staying below their cognitive and physical symptom-exacerbation thresholds (i.e., the physical activity should never bring on or worsen their symptoms). No consideration should be given to returning to full sport activity until the student is fully integrated back into the classroom setting and is symptom free. Occasionally a student will be diagnosed with post-concussive syndrome and have symptoms that last weeks to months. In these cases, a student may be recommended to start a non-contact physical activity regimen, but this will only be done under the direct supervision of a healthcare provider.

**Return to Practice and Competition**

The Kansas School Sports Head Injury Prevention Act provides that if an athlete suffers, or is suspected of having suffered, a concussion or head injury during a competition or practice, the athlete must be immediately removed from the competition or practice and cannot return to practice or competition until a Health Care Professional has evaluated the athlete and provided a written authorization to return to practice and competition. The KSHSAA recommends that an athlete not return to practice or competition the same day the athlete suffers or is suspected of suffering a concussion. The KSHSAA also recommends that an athlete’s return to practice and competition should follow a graduated protocol under the supervision of the health care provider (MD or DO).

For current and up-to-date information on concussions you can go to:

- <http://www.cdc.gov/concussion/HeadsUp/youth.html>
- <http://www.kansasconcussion.org/>

For concussion information and educational resources collected by the KSHSAA, go to:

- <http://www.kshsaa.org/Public/General/ConcussionGuidelines.cfm>

\_\_\_\_\_  
Student-athlete Name Printed

\_\_\_\_\_  
Student-athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Printed

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

The parties to this document agree that an electronic signature is intended to make this writing effective and binding and to have the same force and effect as the use of a manual signature.

**NAME**

**SPORT(S)**

PAOLA HIGH SCHOOL STUDENT PROOF OF INSURANCE FORM  
2021-2022

**STUDENTS WHO PARTICIPATE IN ATHLETICS ARE REQUIRED TO HAVE INSURANCE.**

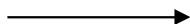
\*\*\*This sheet, along with a current physical examination form, **must be on file** with the Athletic Director's office before participation will be allowed.

\_\_\_\_\_ **student/athlete is covered by our family insurance plan,**  
(Print Student Name) **and DOES NOT wish to participate in the School Plan.**



**Insurance Company**

**Policy Number**



**Parent's Signature**

**Date**

If you would like to participate in the school insurance plan in addition to your family plan,  
YOU MAY OBTAIN ADDITIONAL INFORMATION BY CALLING STUDENT ASSURANCE SERVICES  
at 1-800-328-2739 or 1-651-439-7098  
STUDENT ASSURANCE SERVICES, INC., PO BOX 196, STILLWATER, MN 55082  
YOU MAY OBTAIN AN ENROLLMENT FORM FROM THE PAOLA HIGH SCHOOL OFFICE.

\_\_\_\_\_ **IS NOT COVERED BY OUR FAMILY INSURANCE.**  
(Print Student Name) **We must participate in the school plan.**

TO ENROLL: OBTAINED AN ENROLLMENT FORM FROM THE PAOLA HIGH SCHOOL OFFICE.



**Parent's Signature**

**Date**

Enrollment date: \_\_\_\_\_

For students who are not covered by a family policy, or who need additional coverage,  
Student Assurance Services will provide at a nominal cost the following insurance.

Coverage is not effective until enrollment form is received by the school.

THE INSURANCE PLAN IS A MINIMUM COVERAGE POLICY TO HELP OFFSET THE  
HIGH COST OF MEDICAL CARE! PLEASE READ THE BENEFIT OPTIONS VERY CAREFULLY!

\*\*\* obtain additional information and enrollment form in school office \*\*\*

**Below is a cost break down -- to enroll, obtain a form from the PHS office.**

**STUDENT ASSURANCE SERVICES**

PO Box 196, Stillwater, MN 55082

(800)328-2739 / (651)439-7098

Interscholastic Sports coverage options are:	Annual Premium
Fulltime Coverage 7-12 w/Interscholastic Sports-NO FB	\$174
School time coverage 7-12 w/Interscholastic Sports-NO FB	\$91
Football Coverage Grades 9-12 only <small>(Major Expense Benefit will NOT apply)</small>	\$250
Extended Dental Coverage PK-12	\$9

**All Prices are Subject to Change**

To enroll - obtain form from school office.



# **MEDICAL CONSENT FORM**

USD 368 Paola, KS

Paola High School ~ 401 North Angela Dr.

Paola Middle School ~ 405 North Hospital Dr.

(To be filled out by all students participating in Athletics/Activities)

Student Name: \_\_\_\_\_ Student Cell/Cell Company: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray, examinations and immunizations for the above named student. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is not able to communicate with me, the treatment necessary for the best interest of the above named student may be given. In the event that an emergency arises, an effort will be made to contact the parents or guardians as soon as possible. Permission is also granted to the sponsor/school official to provide the needed emergency treatment to the student prior to his admission to the medical facilities.

## **EMERGENCY INFORMATION**

Guardian 1 Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Guardian 2 Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

### **Emergency Contact**

*(someone other than parent or guardian)*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Ins. Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Family Physician Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Allergies to Medications: \_\_\_\_\_

Current Medications: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date