JEFFERSON COUNTY PUBLIC SCHOOLS ADDENDUM TO KHSAA PHYSICAL FORM

This addendum to the physical form must be completely filled out and reviewed by the medical professional administering the physical exam along with all other information.

List any prescription medications that you are currently taking:

If none, parent please initial: _____

List any over-the counter medications, pills, or supplements that you are currently taking:

If none, parent please initial: _____

(Parent printed name)

(Parent Signature)

(Student printed name)

(Student Signature)

(Physician Printed Name)

(Physician Signature)

(Date)

Jefferson County Public Schools

JEFFERSON COUNTY PUBLIC SCHOOLS

(Last Name)	(First Name)			(Middle)	
	GENDER:	М	F	(circle one)	
(Birth date)					
NUMBER OF YEARS IN: MIDDLE SCHOOL _	HIGH	I SCHOO	DL	YEAR ENTERE	D 9 TH GRADE:
NUMBER OF YEARS PLAYED VARSITY SPO	RTS COUNTIN	IG THIS `	YEAR:_		
(Home Address)				(Zip)	(Home Phone #)
PARENT/GUARDIAN:			WOF		· · ·
EMERGENCY CONTACT:			PHO	NE#:	
PHYSICAL EXAM COMPLETED: YES GROUP ATHLETIC INSURANCE PAID: YES	_NONO				
LAST SCHOOL ATTENDED:				YEAR (S):	
ADDRESS:	_CITY:			STATE:	ZIP:
PARENT PERMISS I acknowledge receipt of a copy of the K.H.S.A.A. El requirements.					e
I understand the personal safety of the student is of professional medical care, I give my permission for nearest medical facility and for staff of that facility to	a representative	of the sch			e
I agree to be responsible for equipment issued by th school.	e school and to	return san	ne prope	erty upon request by th	ne
I consent for my child to participate in athletics durin medical or drug bills for accidents incurred in this ac		ar and und	lerstand	the school will pay No	o
I have medical and hospital insurance with:			The	certificate number is	8:
I understand there is NO waiver for the Group A \$5.00 tryout premium and agree to pay the add respective athletic team. This insurance is full e expenses that are not recoverable from another covered by another plan, the excess provision s The K.H.S.A.A. carries a catastrophic policy on	itional \$15.00 p excess and ber r plan providing shall not apply a	remium i nefits are medical and benef	n the ev payable benefit fits are	vent my child become of or "Reasonable a s to the maximum o payable up to but no	nes a member of any nd Customary" f \$25,000. If not ot to exceed \$25,000.

This Permission/Release form MUST BE SIGNED, NOTARIZED AND RETURNED to the Athletic Department before the student will be permitted to participate.

(Student's Signature)		(Parent's Signature)
This form notarized theday of My commission expires on theday of	20 20	.Notary Public