

**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: \_\_\_\_\_

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

If none, parent please initial: \_\_\_\_\_

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\_\_\_\_\_  
(Parent printed name)

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Student printed name)

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Physician Printed Name)

\_\_\_\_\_  
(Physician Signature)

\_\_\_\_\_  
(Date)

**JEFFERSON COUNTY PUBLIC SCHOOLS**

\_\_\_\_\_  
(Last Name) (First Name) (Middle)

\_\_\_\_\_  
(Birth date) **GENDER:** M F (circle one)

NUMBER OF YEARS IN: MIDDLE SCHOOL \_\_\_\_\_ HIGH SCHOOL \_\_\_\_\_ YEAR ENTERED 9<sup>TH</sup> GRADE: \_\_\_\_\_

NUMBER OF YEARS PLAYED VARSITY SPORTS COUNTING THIS YEAR: \_\_\_\_\_

\_\_\_\_\_  
(Home Address) (Zip) (Home Phone #)

PARENT/GUARDIAN: \_\_\_\_\_ WORK PHONE#: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE#: \_\_\_\_\_

PHYSICAL EXAM COMPLETED: YES \_\_\_\_\_ NO \_\_\_\_\_

GROUP ATHLETIC INSURANCE PAID: YES \_\_\_\_\_ NO \_\_\_\_\_

LAST SCHOOL ATTENDED: \_\_\_\_\_ YEAR (S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

**PARENT PERMISSION/RELEASE – HIGH SCHOOL ATHLETICS**

I acknowledge receipt of a copy of the K.H.S.A.A. Eligibility Rules and Regulations and am familiar with these requirements. \_\_\_\_\_

I understand the personal safety of the student is of first importance to the school. In the event of needed professional medical care, I give my permission for a representative of the school to transport my child to the nearest medical facility and for staff of that facility to render treatment. \_\_\_\_\_

I agree to be responsible for equipment issued by the school and to return same property upon request by the school. \_\_\_\_\_

I consent for my child to participate in athletics during this school year and understand the school will pay NO medical or drug bills for accidents incurred in this activity/sport. \_\_\_\_\_

I have medical and hospital insurance with: \_\_\_\_\_ The certificate number is: \_\_\_\_\_

I understand there is NO waiver for the Group Athletic Insurance Program for all participation athletes. I have paid the \$5.00 tryout premium and agree to pay the additional \$15.00 premium in the event my child becomes a member of any respective athletic team. This insurance is full excess and benefits are payable for "Reasonable and Customary" expenses that are not recoverable from another plan providing medical benefits to the maximum of \$25,000. If not covered by another plan, the excess provision shall not apply and benefits are payable up to but not to exceed \$25,000. The K.H.S.A.A. carries a catastrophic policy on all athletics that provides coverage in excess of \$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 the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_. Notary Public \_\_\_\_\_  
My commission expires on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.