

PRE-EXISTING MEDICAL CONDITIONS

Coaches shall disclose in writing all pre-existing medical conditions (i.e., an athlete susceptible to exercise-induced asthma) to the coordinator of the medical staff at the state championships. It will aid medical coverage if this information is faxed to the MSHSAA office (573-875-1450) prior to **Thursday, November 7, 2013, at 12:00 noon.**

Pre-Existing Medical Conditions

Athlete's Name: _____

School: _____

Classification: **1** **2** **3** **4** **Boys or Girls:** _____

State Pre-existing Medical Conditions:

Coach's Name: _____

Coach's Signature: _____

Changes/Substitutions (Please Print)

Delete:

Athlete's Name: _____

Year in School: _____ **Competitor #:** _____

Add:

Athlete's Name: _____

Year in School: _____ **Competitor #:** _____

Other Changes: _____

School: _____

Classification: **1** **2** **3** **4** **Boys or Girls:** _____

Coach's Name: _____

Coach's Signature: _____