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 coaches meeting. It will aid medical coverage if this information is faxed to the MSHSAA office (573-875-1450) prior to Thursday, November 4, 2010, at 1:00 p.m.

	Pre-Ex	kistin	g M	[edica	l Conditions	
Athlete's Name:						
School:						,
Classification:	1 2	3		4	Boys or Girls:	
State Pre-existing Medi	ical Con	ditior	ıs:			
						,
Coach's Signature:						
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Delete:	C		, ,	Substi se Pri	tutions nt)	
		(Ì	Pleas	se Pri		
Athlete's Name:		(F	Pleas	se Pri	nt)	
Athlete's Name: Year in School:		(F	Pleas	se Pri	nt)	
Athlete's Name: Year in School: Add:		(F	Pleas	se Pri	nt)	
Athlete's Name: Year in School: Add: Athlete's Name:		(P	Pleas	se Pri	nt) Competitor #:	
Year in School: Add: Athlete's Name:		(F		se Prin	nt) Competitor #:	
Athlete's Name: Year in School: Add: Athlete's Name: Year in School: Other Changes:		(F		se Prin	nt) Competitor #: Competitor #:	
Athlete's Name: Year in School: Add: Athlete's Name: Year in School:		(F		se Prin	nt) Competitor #: Competitor #:	

(Please turn in immediately after the coaches' meeting)

Coach's Signature: