

PRE-EXISTING MEDICAL CONDITIONS – CROSS COUNTRY

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 emailed to the MSHSAA office (janel@mshsaa.org) prior to **Wednesday, November 1, 2023, at 12:00 pm noon.**

Pre-Existing Medical Conditions

Athlete's Name: _____

School: _____

Classification: 1 2 3 4 5 Boy or Girl: _____

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 5 Boy or Girl: _____

Coach's Name: _____

Coach's Signature: _____