

**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 1, 2018, at 12:00 noon.**

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

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