

FINALFORMS™

*Items needed to register

- Student's email and phone number
- Insurance information including policy number
 - Doctor name and contact information
 - Emergency contact and cell number
- Sports Physical signed by a doctor (on back)

Parent Registration

How do I sign up?

1. Go to: <https://kentwoodps-mi.finalforms.com/>

2. Locate the parent icon and click **NEW ACCOUNT**.



3. Type you're your NAME, DATE OF BIRTH, and EMAIL. Next, click **REGISTER**.

Note: You will receive an email prompting you to confirm and complete your registration. If you do not receive

an email, check your spam folder. If you still can not locate the FinalForms email, then email support@finalforms.com informing our team of the issue.

4. Check your email for an **ACCOUNT CONFIRMATION EMAIL** from FinalForms. Once received and opened, click the blue link to **CONFIRM YOUR ACCOUNT** in the email text.

5. Create your new FinalForms password. Next, click **CONFIRM ACCOUNT**.

6. Click **REGISTER STUDENT** for your first child. Locate and click the **ADD STUDENT** button.

7. Type in the **LEGAL NAME** and other required information. Then, click **CREATE STUDENT**.

8. If your student plans to participate in a sport, then click the checkbox for each sport. Click **UPDATE** after making your selection.

9. Complete each form and sign your full name (i.e. John Smith) in the parent signature field on each page. After signing each, click **SUBMIT FORM** and move on to the next form.

10. When all forms are complete, you will see a 'Forms Finished' message.

Important: If required by your district, an email will automatically be sent to the email address that you provided for your student that will prompt your student to sign required forms.

How do I register additional student? Click **MY STUDENTS** then repeat steps 6 through 10 for each additional student.

How do I update information? Login at any time and click **UPDATE FORMS** to update information for any student.

Name _____ Date of Birth _____

PHYSICIAN REMINDERS

1. Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff or dip?
 - During the past 30 days, did you use chewing tobacco, snuff or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet and use condoms?
2. Consider reviewing questions on cardiovascular symptoms (questions 5-14).



EXAMINATION			
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female	
BP / (/)	Pulse	Vision R 20/ L 20/	Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS	
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			
Eyes/ears/nose/throat • Pupils equal • Hearing			
Lymph nodes			
Heart ^① • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)			
Pulses • Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary (males only) ^②			
Skin • HSV, lesions suggestive of MRSA, tinea corporis			
Neurologic ^③			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional • Duck-walk, single leg hop			

① Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
 ② Consider GU exam if in private setting. Having third party present is recommended.
 ③ Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

Cleared for all sports without restriction.
 Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

Not cleared

- Pending further evaluation
- For any sports
- For certain sports _____

Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of Physician (print/type) _____ Date _____
 Address _____ Phone _____
 Signature of Physician _____ (Circle One) MD DO PA NP