

HEALTH HISTORY UPDATE QUESTIONNAIRE

Name of School _____

To participate on a school-sponsored interscholastic or intramural athletic team or squad, each student whose physical examination was completed more than 90 days prior to the first day of official practice shall provide a health history update questionnaire completed and signed by the student's parent or guardian.

Student _____ Age _____ Grade _____

Date of Last Physical Examination _____ Sport _____

Since the last pre-participation physical examination, has your son/daughter:

1. Been medically advised not to participate in a sport? Yes _____ No _____
If yes, describe in detail _____

2. Sustained a concussion, been unconscious or lost memory from a blow to the head? Yes _____ No _____
If yes, explain in detail _____

3. Broken a bone or sprained/strained/dislocated any muscle or joints? Yes _____ No _____
If yes, describe in detail _____

4. Fainted or "blacked out?" Yes _____ No _____
If yes, was this during or immediately after exercise? _____

5. Experienced chest pains, shortness of breath or "racing heart?" Yes _____ No _____
If yes, explain _____

6. Has there been a recent history of fatigue and unusual tiredness? Yes _____ No _____

7. Been hospitalized or had to go to the emergency room? Yes _____ No _____
If yes, explain in detail _____

8. Since the last physical examination, has there been a sudden death in the family or has any member of the family under age 50 had a heart attack or "heart trouble?" Yes _____ No _____

9. Started or stopped taking any over-the-counter or prescribed medications? Yes _____ No _____
If yes, name of medication(s) _____

Date: _____ Signature of parent/guardian _____

**EGG HARBOR TOWNSHIP SCHOOL DISTRICT
PERMISSION FOR PARTICIPATION IN ATHLETICS**

For Office Use Only Physical Date _____ Eligible _____ Ineligible _____

STUDENT NAME: _____ MALE _____ FEMALE _____ GRADE _____

Under law, parents are required to assume responsibility for consenting to their child's participation in interscholastic athletics. Your son/daughter has made application to participate in the sport of:

(INDICATE WHICH SPORT)

Realizing that such activity involves the potential for injury, which is inherent in all sports, I/we acknowledge that even with the best coaching, the use of most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe to result in total disability, paralysis, or even death. I/we acknowledge that I/we have read and understand this warning.

An Interscholastic Sports Insurance Policy is provided by the Board of Education. In the event of an injury please inform the health office so that insurance claim forms can be processed.

Permission is granted for _____ to participate and accompany the team on scheduled athletic trips.
(PRINT STUDENT'S NAME)

DATE: _____ SIGNED _____
(PARENT OR GUARDIAN)

STUDENT ATHLETIC PARTICIPATION REQUEST

I hereby request permission to be enrolled in the sport of _____.

I understand that in order to participate, I must:

1. Have on file in the Health Office, a permission form signed by parent or guardian indicating approval.
2. Pass a physical given by the school physician or my own doctor.
3. Be eligible according to N.J. State Interscholastic Athletic Association Rules (student handbook, page 41).
4. Agree to obey all regulations pertaining to training rules established by the athletic department.
5. Attend faithfully to my studies and conduct myself in a sportsman-like manner at all times.
6. Be responsible for the care and safe return of all school athletic equipment issued to me.

I also understand that it takes 1-2 weeks from the time I hand in all fully completed paperwork to be cleared by the health office and eligible for participation in sports.

I understand that to be eligible for any awards or letter, I must complete the entire season unless excused by the coach.

DATE: _____ STUDENT'S SIGNATURE _____

SPORT

GRADE

EGG HARBOR TOWNSHIP SCHOOL DISTRICT

SPORTS EMERGENCY FORM

STUDENT'S NAME _____ DATE OF BIRTH _____
(LAST) (FIRST) (MI) (M OR F)

ADDRESS _____ HOME PHONE _____
(STREET) (TOWN) (ZIP CODE)

FATHER _____ WORK PHONE _____ CELL PHONE _____

MOTHER _____ WORK PHONE _____ CELL PHONE _____

FATHER'S EMAIL _____ MOTHER'S EMAIL _____

STUDENT RESIDES WITH: MOTHER & FATHER MOTHER FATHER GUARDIAN

OTHER (PLEASE SPECIFY) _____ CUSTODY ARRANGEMENTS: YES NO

IF UNABLE TO REACH PARENT IN CASE OF EMERGENCY, CONTACT:

(NAME) (ADDRESS) (PHONE #)

(NAME) (ADDRESS) (PHONE #)

FAMILY PHYSICIAN _____ PHONE # _____

SIGNIFICANT HEALTH PROBLEM(S) _____ ALLERGIES _____

I hereby give my permission that in the event of an emergency _____
(PRINT STUDENT'S NAME ABOVE)

MAY be taken to the hospital for treatment. The hospital may administer emergency medical treatment if necessary.

(SIGNATURE OF PARENT OR GUARDIAN) / /
(DATE)

NOTE: IN THE EVENT OF AN EMERGENCY THE COACH AND TRAINER WILL RELY ON THE ABOVE INFORMATION.