

**EGG HARBOR TOWNSHIP HIGH SCHOOL  
24 HIGH SCHOOL DRIVE  
EGG HARBOR TOWNSHIP, NJ 08234**

*KAREN SEMET  
SUPERVISOR HLTH/ PE*

*MICHAEL J. PELLEGRINO  
ATHLETIC DIRECTOR*

*KYU LEE  
ATHLETIC TRAINER*

Dear Parent/Guardian:

Attached is the paperwork you need to complete if your child has a physical in good standing. A student-athlete is in good standing if your child has had a physical within the past 365 days prior to the start of the season. If the physical is current, then you need to fill out the attached **re-certification forms**. A **re-certification** is required if your child's physical is in good standing from the start date of the desired sport season. Once the packet is complete, please have your child return the packet to the trainer or school nurse. Please follow these steps:

1. Page 2 - Fill out and Sign the Permission for Participation Form
2. Page 3 – Fill out and Sign the Recertification Form
3. The completed Physical Evaluation Form, Pre-Participation Form, Concussion Form, and NJSIAA Steroid Testing form are on file in the nurse's office. Please make sure to update all changes for emergency contacts on the Recertification Form.

Thank You,

High School Staff

## 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**

|   |
|---|
| <b>For Office Use Only</b><br>Physical Date _____<br>Eligible _____<br>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.**