

ROXBURY DISTRICT ATHLETIC EMERGENCY INFORMATION

Name _____ Male ___ Female ___ DOB _____

Address _____

Athlete lives with (circle): both parents mother father guardian

Sport _____

Grade _____

Mother's Name _____ Home Phone _____

Cell _____ Work _____

Father's Name _____ Home Phone _____

Cell _____ Work _____

Emergency Contacts:

Name _____ Home Phone _____

Cell _____ Work _____

Name _____ Home Phone _____

Cell _____ Work _____

Family Doctor _____ Phone _____

Dentist _____ Phone _____

Medical Insurance _____ Policy # _____

I give permission for my child's participation in the indicated sport for the 20__ season and to accompany the team on scheduled athletic trips. All athletes are covered by school insurance, which is an excess policy that can be used only after the family health insurance has been used. Please note that the rules of the New Jersey Board of Education require that the school district advise you, as a parent/guardian, of the possibility of physical hazards to your child.

I give permission to share medical information as needed with the appropriate personnel. I give consent for coaches, trainers and the team physician to use their own judgments in the application of first aid treatment and in securing medical aid and ambulance service as necessary.

Your signature is acknowledgement of notification and approval to participate.

Parent/Guardian Signature Student Signature Date

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(OFFICE USE ONLY)

PE Date _____

Asthma _____ Medication/Inhaler _____

Allergies: Life Threatening _____ Benadryl _____ EpiPen _____

Medication _____

Medications currently taking _____

Chronic/Ongoing Medical Conditions _____

Cardiac Conditions _____

Protective Equipment needed _____

Neurological Conditions/Concussion _____

Other _____

Glasses _____ Contacts _____

AD Signature _____ RN Signature _____

Date _____ Date _____

New Jersey Department of Education 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
10. Been diagnosed with Coronavirus (COVID-19)? Yes No
If diagnosed with Coronavirus (COVID-19), was your son/daughter symptomatic? Yes No
If diagnosed with Coronavirus (COVID-19), was your son/daughter hospitalized? Yes No

Date: _____ Signature of parent/guardian: _____

Please Return Completed Form to the School Nurse's Office