

**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 \_\_\_\_\_

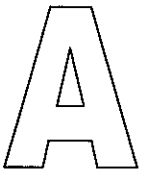
7. Been hospitalized or had to go to the emergency room? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain in detail \_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_

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 \_\_\_\_\_

PLEASE RETURN COMPLETED FORM TO THE SCHOOL NURSE'S OFFICE



# WALL TOWNSHIP PUBLIC SCHOOLS



"Home of the Crimson Knights"

Office of the Director of Athletics  
Mr. Thomas Ridoux  
18<sup>th</sup> Avenue and New Bedford Road  
Wall, NJ 07719  
732-556-2065 Fax: 732-556-2105

## SPORTS PARTICIPATION PERMISSION FORM

I hereby give permission for my child (*please print*) \_\_\_\_\_,

to participate in the following extracurricular athletic activity for Wall Township

Public Schools (*please list activity*) \_\_\_\_\_.

I understand that this activity has specific physical demands, and depending on the sport, may also involve physical contact with other athletes. I understand the injury risks that are inherent to this activity and certify that my child has no medical condition which will impede his or her participation in this activity. In the event of an injury, I authorize the coaching staff to work in conjunction with whatever medical personnel may be on site (including athletic trainers, school physicians and EMS workers) and to assume responsibility for my son/daughter in the event that I cannot be contacted. I understand that any medical bills that may be incurred in association with this activity will be submitted to my insurance company first and that only medical expenses that are not covered by my insurance are eligible for coverage by the Board of Education's "in excess" insurance coverage (there is no guarantee that the Board of Education's plan will cover all outstanding balances). Furthermore, I acknowledge that I am financially responsible for all uniform and equipment items issued and will reimburse the district if these items are lost, stolen, or misplaced. I have read and understand the information above and have reviewed the other mandated forms that are required for sports participation including; the Consent to Steroid Testing Form C (required for high school athletes only), the Anti-Substance Use and Student Conduct Agreement Form D, the NJSIAA Parent/Guardian Concussion Policy Acknowledgement Form E, and the Sudden Cardiac Death in Young Athletes Form F.

\_\_\_\_\_  
(*parent/guardian's name-please print*)

\_\_\_\_\_  
(*parent/guardian's signature*)

\_\_\_\_\_  
(*date*)

--THIS IS A TWO SIDED FORM (SEE OTHER SIDE)--