ELMWOOD PARK SCHOOL DISTRICT

Interscholastic Athletic Permission Form

Student's Name: _____

Grade: _____ **School Year:** _____ **Sport:** _____

I. Consent of Parent/ Guardian

I hereby give my consent for my child to participate in interscholastic athletics in the Elmwood Park School District for the current school year.

I acknowledge that participation in athletics involves an inherent potential for injury. Although the staff members exercise every precaution against possible injury, parent or guardian's are required to assume responsibility for consenting to participation and to risk the liability of injury. I acknowledge that physicals hazards may be encountered in the conduct of activity and in all arrangements incidental thereto.

I hereby authorize the release of my child's pertinent medical information to appropriate professional staff. I give consent and understand that the information may be shared, when necessary, with appropriate professional staff involved in the care of my child.

The Elmwood Park Board of Education provides excess coverage insurance for all student athletes. Such excess coverage generally provides for coverage beyond the initial coverage provided by the student's family home, private, or business insurance.

I am advised that student-athletes are held responsible for the athletic equipment and uniforms owned and issued to them by the school district. Also, I am advised that student athletes are to adhere to the Elmwood Park Board of Education Student/Athletic Conduct and Responsibilities Policy.

II. Transfer Students/Foreign Exchange Students

If the athlete attended a high school (9-12th grades) **other than** Elmwood Park High School in the preceding school year, please list the name of the school, city, and state below:

_____

III. Medical Eligibility

I am advised that in order to participate in games or practices the student must meet all terms of medical and academic eligibility. A completed medical history and physical examination must be completed and which must then be granted final approval by the school physician.

Signature of parent/guardian: _____ Date: _____

Signature of student: _____ Date: _____

State of 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____
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 FROM TO THE SCHOOL NURSES'S OFFICE

E14-00284

Elmwood Park School District
Department of Athletics

Sport: _____

MEDICAL TREATMENT CONSENT

Student Name:_____

In the event that my child is injured while participating in athletics, I hereby grant permission for my child to receive emergency medical treatment at a duly licensed and certified hospital or medical facility. I understand that medical treatment would not begin until a reasonable effort has been made to contact me.

_____ _____
Signature of Parent/Legal Guardian Date

Family Doctor's Name: _____ Phone Number: _____

Hospital of Preference: _____

EMERGENCY CONTACT INFORMATION

Mother/Guardian's Name: _____

Phone Number(s): _____

Father/Guardian's Name: _____

Phone Number(s): _____

In the event that you cannot be reached, please provide us with a parental substitute.

Parental Substitute Name: _____ Phone Number(s): _____

PLEASE PROVIDE THE FOLLOWING MEDICAL INFORMATION:

1. Does your child have a history of any of the following conditions (please check):

   ____Heart Trouble ____Diabetes ____ Epilepsy ____Other-please explain

2. Is your son/daughter currently taking any medication?

   ____YES (please list medication) ____ NO

3. Does your son/daughter have any allergies (food, medication, or bee stings)?

   ____ YES (please explain) ____NO