

RIDGE HIGH SCHOOL
BERNARDS TOWNSHIP SCHOOL DISTRICT

INTERSCHOLASTIC ATHLETIC PERMISSION FORM

FOR STUDENTS THAT HAVE COMPLETED THE ATHLETIC REGISTRATION
PACKET

Permission of Parent/ Guardian

_____ is hereby given my consent to participate on the
(name of student)

_____ team at Ridge High School for the current school year. I hereby certify that
(name of sport)

he/she was born ____/____/____ in _____, _____. I further certify
(month) (day) (year) (city) (state/country)

that he/she first attended or will first attend ninth grade in a public or private secondary school or the equivalent in

_____, _____.
(month) (year)

Signature of parent/guardian: _____ Date: _____

Signature of student _____ Date: _____

5/19/14

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 _____