

HAMILTON TOWNSHIP SCHOOLS  
 DEPARTMENT OF STUDENT SERVICES AND PROGRAMS  
 OFFICE OF SCHOOL HEALTH SERVICES  
 Parent Permission for Student Athletics Participation Medical History

Student's Last Name	First Name	School/Grade	Birth Date
Sport	Signature of Student Athlete	Date	

The school's athletic program is an integral part of the curriculum and school personnel have devoted great effort to assure that participating students are protected in every way possible. However, participation in athletics includes the risk of minor to severe injuries.

Participants have the responsibility to help reduce the chance of injury. Participants must obey all safety rules and regulations, report all physical problems to the coach or athletic trainer, follow a proper conditioning program and inspect protective equipment daily. Proper execution of skill techniques must be followed by every sport, and especially contact sports.

Please read and acknowledge each of the following statements.

- I consent to have my son/daughter represent his/her school in approved athletic activities except those excluded by the examining physician.
- I grant permission for my son/daughter to accompany the school team of which he/she is a member to out-of-town trips.
- In the event of an emergency requiring medical attention, I expect every reasonable attempt to be made to contact me. In case I cannot be reached, I grant permission for any immediate treatment deemed necessary by the attending physician and transfer of my son/daughter to a qualified medical facility. This authorization does not cover major surgery unless formally decreed prior to surgery by two licensed physicians or dentists.
- I agree not to hold the school, or anyone acting on its behalf, responsible for any injury occurring to my son/daughter in the proper course of such athletic activities or travel.
- I acknowledge that there are risks of physical injury involved in athletic participation which may result in minor to severe injury.
- I acknowledge that this activity is voluntary.
- I grant permission for my son/daughter to participate in pre-concussion testing prior to the start of practice and for post-concussion testing if applicable. (Mandatory to participate in contact and moderate contact sports.)

Medical examinations are to be completed by the student's physician. Reports must be made by the private physician on the Athletic Pre-participation Physical Examination Form approved by the Commissioner of Education and provided by the board of education. Students that do not have a private physician may request an examination by the school physician. All examinations must be completed within 365 days of the first day of practice.

I understand that the student athlete must refrain from practice or play while ill or injured, whether or not receiving medical treatment and during medical treatment until he or she is discharged from treatment. A signed statement from the attending physician is required for reentry.

I have read the Bulletin to Parents regarding competitive athletics on the back of this sheet.

In my opinion, there is no physical reason to prevent my son's/daughter's participation in the competitive athletics program. I therefore, give my permission for participation if he/she is approved by their physician and the school medical inspector and has appropriate documentation.

Signature of Parent/Guardian	Home Phone	Work Phone	Cell Phone	Date
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HAMILTON TOWNSHIP SCHOOLS  
DEPARTMENT OF STUDENT SERVICES AND PROGRAMS  
OFFICE OF SCHOOL HEALTH SERVICES  
BULLETIN TO PARENTS REGARDING COMPETITIVE ATHLETICS

Your student has expressed an interest in participating in the competitive athletic program. As you know, the school has the responsibility to safeguard and promote the health of all students.

Each student, prior to participation on a school-sponsored interscholastic or intramural athletic team or squad, must receive a medical examination and health screening. The examination must be conducted within 365 days prior to the first practice session. The report of health findings of the medical examination must be documented on the Athletic Pre-participation Physical Examination Form approved by the Commissioner of Education and provide by the board of education. A completed and parent signed health history questionnaire must also be provided. Medical examinations are to be completed by the student's physician. Students that do not have a private physician may request an examination by the school physician. A physical must include: examination of mouth, teeth, throat, skin, eyes, nose, chest contour, testes, hernias, as well as assessment of the neck, neurological functions, heart, abdomen, back, and auscultation and percussion of lungs as defined in N.J.A.C. 6A: 16-2.2. A screening includes: height, weight, vision, hearing, and blood pressure. Each student whose medical examination was completed more than 60 days prior to the first practice session must provide a new parent permission and health history questionnaire update of medical problems experienced since the last medical examination. Both must be signed and dated by the parent.

Students planning to participate in school-sponsored contact or moderate contact sports teams are also required to have pre-concussion testing prior to the start of practice for that team. Post-concussion testing is also required if applicable.

The school district is required to provide written notification signed by the school physician to the parent stating approval of the student's participation in athletics based upon the medical report or the reasons for the school physician's disapproval of the student's participation.

**A student that does not have a completed Athletic Pre-participation Physical Examination Form shall not be permitted to participate. (N.J.A.C. 6A: 16-2.2)**

The Board of Education has purchased insurance coverage to protect all participants in all interscholastic sports programs, bands, marching units, and cheerleaders against accidental injury. Certificates of insurance are posted in the Athletic Director's office and band rooms. Although this coverage is very broad, there are restrictions, limitations, and exclusions in this policy; and, in some cases, all medical bills may not be covered in full. Parents should also understand that medical bills are their primary responsibility and not that of the school.

PLEASE NOTE: This policy is excess over any other insurance you may have.  
Thus PARENTS MUST USE THEIR OWN INSURANCE FIRST.

Please report any injuries immediately to the coach or faculty advisor. Claim forms will be provided by the school, but it is always the parent's responsibility to collect all medical bills and submit them to the insurance company. Contact the High School Athletic Advisor or Middle School Principal for insurance information.

Thank you for your cooperation.

SH/N 5Pa  
Rev. 04/11

**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**