

**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: _____

Northern Highlands Regional High School

SEASONAL HEALTH UPDATE AND ATHLETIC PERMISSION/CONSENT

(To be completed by the parent and student prior to any participation)

For Office Use:	
Athletic Office	_____
Health Office	_____

NAME OF STUDENT ATHLETE: LAST: _____ FIRST: _____ GRADE: _____ AGE: _____

ATHLETIC SEASON (PLEASE CIRCLE ONE): FALL WINTER SPRING SPORT: _____

PERMISSION/CONSENT

I/we attest that the information provided within the Athletic Pre-Participation Physical Evaluation (PPE) which includes physical examination, clearance and history forms and Seasonal Permission/Health Update is accurate. I/we give permission for medical information to be shared with the school nurse, athletic trainer, and applicable coaches. I/we understand that the medical personnel of Northern Highlands (including athletic trainers, nurses and/or team physicians) will perform only those procedures which are within their training, credentialing and scope of professional practice to prevent, care for and rehabilitate athletic injuries. In case of accident or serious illness and the school is unable to reach me, I/we hereby authorize the school to call my child's physician and to follow his/her instructions. If it is impossible to contact my child's physician, the school may contact any of the emergency contacts on record and make whatever medical arrangements are necessary. While the school attempts to contact the above persons, the school will provide immediate triage and contact emergency medical services/the rescue squad when deemed necessary.

I/we give permission for my/our child to participate in athletics (sport listed above) during this school year. I/we recognize that these activities involve the potential for injury, which is inherent in all sports. I/we acknowledge that even with the best coaching, use of the most advanced protective equipment, and the strict observance of rules, injuries are possible. On rare occasions, these injuries can be severe as to result in total disability, paralysis, or even death. I/we acknowledge that I/we have read, discussed as a family and understand the information, expectations, policies, procedures and rules as detailed in our *Athletic Information Packet* and via the *FamilyID* online registration process including, but not limited to: *NJSIAA Concussion Policy, NJSIAA Drug Testing, Opioid Information, NJDOE Sudden Cardiac Arrest, NH Media Release, NJSIAA Eligibility, Medical Treatment, Consent/Warning, Summer Permission, ImPact, Expectations, Hazing/HIB, Commitment Guidelines, Seasonal Tim Frames, Attendance, Equipment, Transportation, Summer, Sportsmanship, Chain of Command, Tryouts, Fundraising, User Fees* etc. This information can also be found in our Student/Parent Handbook and accessed via the school website.

By signing below I/we give consent and approval for my/our son/daughter to participate in interscholastic athletics during the current season in accordance with the rules and regulations of the New Jersey Interscholastic Athletic Association. I/we hereby release, indemnify and hold harmless Northern Highlands, its officers, board members, employees and agents (the "Indemnitees"), with respect to any and all claims, damages, injuries, and/or losses or damage to person or property associated with and/or arising from the student's participation in the sport/activity to the fullest extent permitted by law. I/we, the undersigned, have read this authorization, release and consent and understand and accept all of its terms. I/we execute it voluntarily, and with full knowledge of its significance.

Parent/Guardian Signature: _____

Date: _____

Student Signature: _____

Date: _____