New Jersey Department of Education Health History Update Questionnaire

Name of School:

Date:

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.

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Student:		Age:	Grade:
Date of Last Physical Examination:	Sport:		
Since the last pre-participation physical examination,	has your son/daughter:		
 Been medically advised not to participate in a sport? Y If yes, describe in detail: 	es No		
2. Sustained a concussion, been unconscious or lost memorified in detail:	ory from a blow to the hea	ad? Yes N	0
3. Broken a bone or sprained/strained/dislocated any mus If yes, describe in detail.	cle or joints? Yes No		
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 If yes, explain	heart?" Yes No		
6. Has there been a recent history of fatigue and unusual t	iredness? Yes No		
7. Been hospitalized or had to go to the emergency room? If yes, explain in detail	Yes No		
8. Since the last physical examination, has there been a su 50 had a heart attack or "heart trouble?" Yes No	adden death in the family	or has any mer	mber of the family under age
9. Started or stopped taking any over-the-counter or presc	ribed medications? Yes	No	
10. Been diagnosed with Coronavirus (COVID-19)? Yes	No		
If diagnosed with Coronavirus (COVID-19), was you	ur son/daughter symptoma	atic? Yes	No
If diagnosed with Coronavirus (COVID-19), was yo	ur son/daughter hospitaliz	zed? Yes N	No

 $\label{lem:please Return Completed Form to the School Nurse's Office} Please Return Completed Form to the School Nurse's Office$

Signature of parent/guardian:

Nam	e:	Fall Activity
Coach/Adviser:		Winter Activity
		Spring Activity
manne	2024-2025 Pitman High School apation in extracurricular activities at Pitman High School is based upon a student's r. This ongoing tradition is achieved through interaction with others, development stic levels.	s ability to contribute to his/her overall experience in a positive and productive
I.	All procedures stated below are in effect for students during DISCIPLINE/SUSPENSION (Internal or External): Procedure First Offense School discipline procedure as stated by Pitman High Schol Unable to participate in any school activity for the duration Second Offense	nool. on of the suspension (including last day of suspension).
	 School discipline procedure as stated by Pitman High School Removal from activity for remainder of the season/activity ness to school, on day of activity, may result in student missing activity be activity if they are not transported via school transportation (i.e. after school) 	y (one marking period for extracurricular activities). us (based upon departure time). No student is permitted to participate
II.	 ALCOHOL, TOBACCO and/or CONTROLLED DANGE policies pertaining to the use or possession of tobacco, alcohol First Offense School discipline procedure as stated by Pitman High Sch Second Offense School discipline procedure as stated by Pitman High Sch Removal from activity for remainder of the season/activity 	l and/or other controlled dangerous substance. nool.
III.	to participate for the following marking period within the curr reevaluated at the end of the following marking period. • Students who withdraw from a class with a failing grade a	
IV.	ATTENDANCE (Loss of credit): Failure to maintain Pitman **Removal from all activities for the remainder of the school conclusion of the school year.	
V.	<u>LATENESS:</u> Students must arrive to school by the end of per extracurricular activity (Friday or a Saturday game).	riod 1 and attend a full day of school in order to participate in an
VI.	 INAPPROPRIATE CONDUCT: Activities that are deemed photos, language, etc.) School discipline procedure as stated by Pitman High School Removal from activity for remainder of the season/activity 	nool
	any reason I am in violation of the above stated procedures, I accorded on the part of contract, in order to return to the above activity,	
	(Student Signature)	(Date)

^{*}The above stated information is in effect from the first day of practice/participation, of the above stated activity, until the last scheduled contest/meeting/performance as noted by NJSIAA and/or the administration. Any student who does not complete the season will not receive an award/recognition for that activity.

Pitman High School Athletics 225 Linden Ave Pitman, NJ

Dear Parent/Guardian:				
Please sign this form				
STUDENT PARTICIPATION AND INFORMATION/PARENTAL APPROVAL FORM				
As parent/legal guardian, I hereby authoriz Sport member of the team.	ze my child, Grade,, to participate in activities related to competition as a			
acknowledge that even with the best coad and strict observance of rules, injuries are	e potential for injury which is inherent in all sports, I ching, use of the most advanced protective equipment e still a possibility. On rare occasions these injuries can ty, paralysis, or even death. I acknowledge that I have			
This limited accident insurance coverage	on does provide limited medical insurance for athletes. The purchased by the school provides coverage on an this is a limited insurance policy, we agree to accept l/surgical costs to our insurance carrier.			
This means that only those medical experience are eligible for coverage under the coverage of	benses which are not covered by our own personal or under the school policy.			
	orizes the Pitman coaching staff and the Guidance and academic information when requested by			
 Date	Signature of Parent/Guardian			

STUDENT ATHLETES NEED ONE (1) PHYSICAL PER SCHOOL YEAR. Please return *signed* participation form to the athletic director's office.