

DOE _____

**VOORHEES MIDDLE SCHOOL
HOLLY OAK DRIVE, VOORHEES, NJ 08043
Athletic Team Parent/Guardian Permission Form**

Name of Student _____ Telephone _____

Date of Birth _____ Homeroom Teacher _____

Address _____

DIRECTIONS FOR ATHLETIC PRE-PARTICIPATION APPROVAL: The following forms must be completed in order for students to participate in interscholastic and/or intramural sports programs.

***Preparticipation Physical Evaluation History Form:** This 1 page must be completed and signed by Parent/Guardian and taken to the Physician for review at time of physical exam.

*** Physical Examination Form and Clearance Form:** These 2 pages must be completed by the examining licensed provider MD, DO, APN, or PA. This physical exam must have been completed WITHIN 365 days BEFORE the first day of try-outs

***Concussion Acknowledgement Form & Sudden Cardiac Death Pamphlet sign-off Sheet:** Signed by parent & student

HEALTH HISTORY UPDATE QUESTIONNAIRE-- Must be completed for additional sports provided a current physical is on file. Update must be submitted 90 days prior to the first try-out of each sport.

To be Completed by Parent/Guardian

This is to certify that we, the undersigned, have given _____ (name) permission to play _____ (sport) on the Voorhees Interscholastic/Intramural team.

As the parent/guardian we realize there are certain physical hazards connected with this activity and are willing to assume absolutely all responsibility for our child's safety.

Date Parent/Guardian Signature

To be Completed by Student

1. I shall not neglect my scholastic work.
2. I shall, as a member of the group or squad, abide by training regulations.
3. I shall report regularly to all scheduled practices and contests.
4. I shall be responsible for all athletic supplies issued to me and shall return same upon request.
5. I shall attempt to improve the team or organization and our school morale to the best of my skill and knowledge.

Date Student's Signature

Fall Sports
Boys/Girls Soccer
Field Hockey

Winter Sports
Boys/Girls Basketball
Cheerleading
Wrestling

Spring Sports
Boys/Girls Track
Baseball
Softball

**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: _____