

**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: _____

Warren County Technical School
Coach's Medical Release Form

Player's Name: _____ Sport(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Sex: _____ Social Security# _____

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Relationship: _____ Relationship: _____

Home phone: _____ Home phone: _____

Cell Phone: _____ Cell Phone: _____

Work Phone: _____ Work Phone: _____

Alternate Emergency Contact Person: _____

Relationship to Athlete: _____ Contact # _____

Insurance Coverage (must have insurance to participate in school sports)

Insurance Name: _____

Policy # _____ Group # _____

Primary Care Physician: _____ Phone # _____

Name of Policy Holder: _____ Relationship to Athlete: _____

Any Known Allergies/Pertinent Medical Information: _____

Realizing that such activity involves the potential for injury, which is inherent in all sports, I, Parent/Guardian acknowledge that even the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still possible. On rare occasions, these injuries can be severe enough to result in complete or partial paralysis or even death. In the event that the above named student is presented for or requires medical treatment, I parent/legal guardian acknowledge that I/We have read and understand this warning.

Therefore, I grant Coach(s) and/or Athletic Trainer permission to act as my surrogate for my child in the area of obtaining, treatment of a doctor of medicine or dentistry. I also assume the financial responsibility for any medical treatment of my child.

Signature of Parent/Guardian

Date