

NORTHERN HIGHLANDS REGIONAL HIGH SCHOOL**SEASONAL HEALTH UPDATE AND ATHLETIC PERMISSION/CONSENT**

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

Form X**HEALTH UPDATE
Seasonal Permission****For Office Use:**

Athletic Office _____

Health Office _____

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

ATHLETIC SEASON (PLEASE CIRCLE ONE): **FALL** **WINTER** **SPRING**

SPORT: _____

DATE OF LAST PHYSICAL _____

A health update is required for **each athletic season** and must be completed and approved prior to ANY athletic participation. This form may not be completed or submitted more than 90 days prior to the first official practice for a sport/athletic season. Please provide a health update of medical problems, issues and/or concerns experienced since the last physical evaluation/medical examination by answering the following questions. Additionally, please explain "yes" answers at the bottom of this section (use the back of the sheet if necessary). You **MUST** respond to all questions.

SINCE YOUR LAST PRE-PARTICIPATION EXAMINATION, HAS YOUR CHILD: If YES explain.

- | | | |
|---|-----|----|
| 1. Been medically advised not to participate in a sport? | YES | NO |
| 2. Sustained a concussion, been unconscious or lost memory from a blow to the head? | YES | NO |
| 3. Broken a bone or sprained/strained/dislocated any muscle or joint? | YES | NO |
| 4. Fainted or "blacked out"? | YES | NO |
| 5. Experienced chest pains, shortness of breath or "racing heart"? | YES | NO |
| 6. Experienced a recent history of fatigue and unusual tiredness? | YES | NO |
| 7. Been hospitalized or had to go to the emergency room? | YES | NO |
| 8. Started or stopped taking any over-the-counter or prescribed medications? | YES | NO |
| 9. Has there been a sudden death in the family or has any member of the family under the age of 50 had a heart attack or "heart trouble"? | YES | NO |

If you answered YES to any of the above, please explain:**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 and understand the information, expectations, policies, procedures and rules as detailed in our *Athletic Information Packet* and via the *FamilyID* online registration process. 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: _____