

**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: \_\_\_\_\_

Please Return Completed Form to the School Nurse's Office



# Athletic Participation Information

Erick Bowers, Athletic Director - [bowerse@wctech.org](mailto:bowerse@wctech.org)

Brenda Dailey, Athletic Trainer- [daileyb@wctech.org](mailto:daileyb@wctech.org)



## 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

Insurance Name: \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_ Relationship to Athlete: \_\_\_\_\_

Any Known Allergies/Pertinent Medical Information: \_\_\_\_\_

Do you have an EPIPEN? Yes [ ] NO [ ]

Do you have an Inhaler? Yes [ ] NO [ ]

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  
\_\_\_\_\_