State of New Jersey Department of Education

HEALTH HISTORY UPDATE QUESTIONNAIRE

health history update questionnaire completed and signed by the student's parent or guardian.						
	dent					
	e of Last Physical Examination S					
	ce the last pre-participation physical examination, has your son/daughte	er:				
1.	Been medically advised not to participate in a sport? If yes, describe in detail					
2.	Sustained a concussion, been unconscious or lost memory from a blow to t If yes, explain in detail	the head? Yes N	Vo			
3.		Yes N	4o			
4.	Fainted or "blacked out?" If yes, was this during or immediately after exercise?	YesN				
5,	Experienced chest pains, shortness of breath or "racing heart?" If yes, explain	Yes 1	Vo			
6.	Has there been a recent history of fatigue and unusual tiredness?	Yes N	To			
7.	Been hospitalized or had to go to the emergency room? If yes, explain in detail					
8.	Since the last physical examination, has there been a sudden death in the far under age 50 had a heart attack or "heart trouble?"					
9.	Started or stopped taking any over-the-counter or prescribed medications? If yes, name of medication(s)	Yes N	[o			

TOWNSHIP OF UNION BOARD OF EDUCATION PARENTAL/GUARDIAN CONSENT

Student's Name: _					Sex: M F			
· -	Last Name		First Name		(circle one)			
School:		_ Circle Grade: 7 8	9 10 11 12	HR#				
I/We hereby give	We hereby give consent for my/our child to participate in(Name of Sport)							
	Y Y A 37 Y T 17*/	7/5 C	•	~ .				
I/We release the s	chool from all liability	resulting from partici	pation in this	brogran	ц.			
I//We acknowledg equipment and str injuries can be so	h activity involves the ge that even with the be rict observance of rule severe as to result in t ad and understand thi	est coaching, use of the s, injuries are still a po otal disability, paralys	e most advance ossibility. On 1	ed prote rare occ	ective easions, these			
I/We will be respo	onsible for any athletic ool for any loss.	equipment loaned to	my child by th	e school	and will			
I/We understand insurance compar	that in case of injury t ny first.	o my child, all medical	bills will be s	ubmitte	d to my/our			
I/We also underst group insurance a certain limits.	and that only those mo are eligible for coverag	edical expenses not cove e by the Board of Edu	vered by my/or cation's Insur	ar own j ance po	personal or licy up to			
I/We also underst procedures have l	and that I/We are liab been carried out.	le for any medical bill	s remaining af	iter abov	ve			
Students must have	ve a medical examinat	ion by school or family	physician.					
Parent/Guardian'	's Name: (Print)							
Address:		т	elephone #	<u>, </u>	· .			
Telephone Numb	er of Parent/Guardian							
In case of emerge	ncy, if parent/guardia	a cannot be contacted,	notify:					
Name/Relation: (Print)		Phone:					
			Data					
Student's Signatu	ire:	.	Date:	<u> </u>				
Parent/Guardian	's Signature:		Date:	<u> </u>				
<u> </u>								

RETURN THIS PAGE TO YOUR COACH