

# Tewksbury Township Schools

Old Turnpike School  
171 Old Turnpike Road  
Califon, NJ 07830  
439-2010

Sawmill School  
51 Sawmill Road  
Lebanon, NJ 08833  
439-2171

PLEASE PRINT CLEARLY

STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ ADDRESS/ZIP \_\_\_\_\_  
MOM \_\_\_\_\_ DAY PHONE \_\_\_\_\_ DAD \_\_\_\_\_ DAY PHONE \_\_\_\_\_

## ATHLETIC MEDICAL HISTORY

1.  YES  NO Does the student have any allergies? To medicine? To bee stings? If Yes, to what?
2.  YES  NO Has the student ever had any surgery? If Yes, list surgery and date(s).
3.  YES  NO Has the student ever been hospitalized for any other reasons? If Yes, please list diagnosis and date.
4.  YES  NO Has the student ever broken any bones? If Yes, list fractures and dates.
5.  YES  NO Has the student ever dislocated or sprained any joint or bone? If Yes, list dislocations / sprains and dates.
6.  YES  NO Has the student ever been advised not to participate in a sport? If Yes, explain details.
7.  YES  NO Has the student ever sustained a concussion or loss of consciousness after an injury. If Yes, explain.
8.  YES  NO Has the student experienced any frequent chest pains? If Yes, explain.
9.  YES  NO Has the student experienced any rapid heart beat or palpitations? If Yes, explain.
10.  YES  NO Has the student experienced any recent fatigue or undue tiredness? If Yes, explain.
11.  YES  NO Has the student ever fainted during or after exercise? If Yes, explain.
12.  YES  NO Has anyone in the student's family ever died a sudden death? If Yes, explain.
13.  YES  NO Does the student take any medicine on a regular / occasional basis? If Yes, list medicine, dosage & frequency.
14.  YES  NO Is the student currently under the care of any physician for any problem? If Yes, explain.
15.  YES  NO Does the student have any chronic medical problems, (i.e. diabetes / asthma)? If Yes, explain.
16.  YES  NO If there is any other aspect of the student's medical history that has not been noted, please explain.

If you have answered "Yes" to any of the above questions, please explain completely in the space below. Please be sure to include the proper body part, i.e. right or left ankle, date or injury, condition and, or surgical procedure. Please be specific as to the dosage levels regarding the taking of prescription medications. Thank you for your time and cooperation.

### EXPLANATIONS

Injury, conditions, surgery or medication:

Dates:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby state that to the best of my knowledge, my answers to the above questions are complete and correct.  
I understand that the information provided will provide the basis for physical examination.

## MEDICAL AUTHORIZATION

FAMILY PHYSICIAN \_\_\_\_\_ PHONE(\_\_\_\_\_) \_\_\_\_\_  
MEDICAL INSURANCE CARRIER \_\_\_\_\_ POLICY # \_\_\_\_\_

In the event that I am not available in an **EMERGENCY**, please notify:

1. \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_  
2. \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

In the event that the above-named child is injured and **I cannot be reached** in an **EMERGENCY**, I hereby give my permission to any physician to secure proper treatment for, and if required: to hospitalize, order injections, anesthesia or surgery for my child.

**SIGNATURE** (Parent or Guardian) \_\_\_\_\_ **DATE** \_\_\_\_\_

Parent Permission to participate in interscholastic sports:

NAME: \_\_\_\_\_ GRADE \_\_\_\_\_

SPORT: \_\_\_\_\_

I hereby give consent for my child to participate in the interscholastic program conducted by Tewksbury Township Schools. Realizing that such activity involves the potential for injury that is inherent in all sports. I acknowledge that even with the best coaching, use of the most advanced equipment and strict observance of these rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis, or even death. I acknowledge that I have read and understand this warning, in the event an injury occurs.

PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_