

Each athletic season a student athlete is required to have the following to be eligible to participate:

- A current athletic physical on file (good for 1 year).

- A signed Health History Update- to assess any illness or injury since your child's last physical. The Health History does not take the place of a physical, and must be updated each season. Complete the attached Health History including a parent signature by due date.

- Athletic Emergency card- with current contact information, and must be updated each season. Emergency cards may be obtained from the athletic office or coaches.

- If your child has Asthma, physician orders for the 2010-11 school year must be submitted by due date. Forms can be downloaded from:
<http://www.kinnelonpublicschools.org/KHS/forms/0910-Asthma-Forms.PDF>

- If your child has a life-threatening allergy, and requires emergency medications (Antihistamine, Epi-pen), physician orders for the 2010-11 school year must be submitted by due date. Forms can be downloaded from:
<http://www.kinnelonpublicschools.org/KHS/forms/0910-Allergy-Forms.PDF>

- Our school physician will not clear an athlete with incomplete forms, or missing medication orders if needed (Asthma or Life-threatening Allergies)

KINNELON SCHOOLS

HEALTH HISTORY UPDATE FOR ATHLETIC PARTICIPATION

To participate on a school athletic squad or team, each candidate whose medical examination was completed more than 60 days prior to the first practice session shall provide a health history update of medical problems experienced since the last medical examination. This shall be completed and signed by the parent.

STUDENT _____ BIRTHDATE _____ GRADE _____ SCHOOL _____

ADDRESS _____ HOME PHONE _____ MALE FEMALE

DATE OF LAST MEDICAL EXAMINATION _____

Since the last medical examination, the above named child has experienced the following changes (please explain in full, any "YES" answers, including dates).

- | | | |
|--|-----|----|
| 1. HOSPITALIZATION(S)/ OPERATIONS | YES | NO |
| 2. ILLNESSES | YES | NO |
| 3. INJURIES | YES | NO |
| 4. CARE ADMINISTERED BY A PHYSICIAN, ADVANCED PRACTICE
NURSE OR PHYSICIAN'S ASSISTANT | YES | NO |
| 5. MEDICATIONS | YES | NO |

DATE

SIGNATURE OF PARENT/ GUARDIAN

ANY CHANGES IN STATUS MUST BE REVIEWED BY THE SCHOOL PHYSICIAN and the

MEDICAL PROVIDER

PLEASE RETURN THIS FORM BY THE "DUE DATE".