

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.
- Athletic emergency card- with current contact information, and must be updated each season. Athletic emergency cards may be obtained from the athletic office or coaches.
- If your child has Asthma, physician orders for the 2011-12 school year must be submitted by the due date. Download the forms from the link below:
- <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 2011-12 school year must be submitted by the due date. Download forms from the link below:  
<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**

**A NEW FORM MUST BE FILLED OUT FOR EACH NEW SEASON (FALL, WINTER, AND SPRING)**

*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 **and must be filled out with each new season.***

STUDENT \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ GRADE \_\_\_\_\_ SPORT \_\_\_\_\_

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  
GUARDIAN

\_\_\_\_\_  
SIGNATURE OF PARENT/

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

PLEASE RETURN THIS FORM BY THE "DUE DATE".