

BOGOTA HIGH SCHOOL PARENTAL CONSENT SLIP

Sport: _____ Grade: 6 7 8 9 10 11 12

The following information is needed for those enrolled in the sports program.

Name: _____ D.O.B.: _____

Telephone: _____

Address:

Parent/Guardian Name: _____

Emergency Phone: _____ Name: _____

Physician: _____

NOTE TO PARENTS/GUARDIANS CONCERNING INSURANCE

To insure coverage of all claims, the student must report the injury immediately to his/her coaches in charge and/or athletic trainer. In the event of an emergency after arrival at home, the parent or guardian must notify a school official/athletic director as soon as possible.

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HEALTH HISTORY UPDATE

☐ Is your child presently under the care of a physician or taking any medications?

☐ No

☐ Yes

Explain: _____

☐ Has your child sustained any serious injury, illness, hospitalization or operations since his/her last physical examination?

☐ No

☐ Yes

Explain: _____

SIGNATURE REQUIRED ON REVERSE SIDE

CONSENT FORM

I give my consent and approval for _____
to participate in _____ during the 20____ season in
accordance with the rules and regulations of the NJSIAA.

Signature of Parent/Guardian

Date

I, _____, desire to be a candidate for
an athletic team at Bogota Jr/Sr High School and agree to abide by the rules and regulations set
forth in the athletic/co-curricular guidelines.

Signature of Student

Date

* I acknowledge that I have reviewed the following pamphlets, which can be assessed
online at the Bogota High School Athletics Website (www.bogotaboe.com) in "Athletics
Physical Forms" *

**Bogota Jr./Sr. High School Athletics Guidelines,
Sudden Cardiac Death in Young Athletes,
Sport-Related Concussion and Head Injury,
Opioid Use and Misuse, Opioid Video Mandate Memo &
NJSIAA Steroid Testing Policy**

Signature of Parent/Guardian

Date

NOTE TO PARENTS/GUARDIANS CONCERNING PHYSICALS

Your child will need to obtain a sports physical from their primary care physician.

***If you do not have a primary care physician and unable to schedule a physical due to
financial reasons, please contact the Athletic Trainer or School Nurse.***

**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: _____

If you are submitting a new physical,
please CONTINUE and COMPLETE the
remainder of the physical packet.

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If you have submitted a sports physical packet and completed
the following forms in the last 365 days, you may **STOP** here:

- Opioid Video Mandate Sign-Off Sheet
- Sudden Cardiac Death Sign-Off Sheet
- Use and Misuse of Opioid Drugs Sign-Off Sheet
- NJSIAA Steroid Testing Consent Form
- Concussion Acknowledgement Form
- Health History Form
- Physical Examination and Clearance Form

Date of last pre-participation physical: _____

* Physicals EXPIRE after 365 days *