

Green Brook School District

Health History Update Questionnaire: Short form

Submit this short health history update form for every sport season after the initial (white) full sport packet with physical exam was submitted. Written parental permission must be submitted for the start of all sports.

NAME:

Grade:

Date of Last
Sports Physical:

HEALTH HISTORY INFORMATION SINCE LAST SPORT PHYSICAL

Since your child's last sports physical has he/she:

1. been advised/recommend not to participate in a sport by a practitioner?	No	Yes
a. Why?		
2. received medical care since last sports physical? list date(s) & reason	No	Yes
a.		
b.		
3. sustained or been diagnosed with a concussion in last 365 days- Date:	No	Yes
a. nature of injury		
4. sustained injuries: broken bone/fracture, sprain/strain or dislocation muscles/joints requiring treatment or been excused from PE class? List injury/trauma & date:	No	Yes
a.		
b.		
5. fainted or blacked out When:	No	Yes
6. experienced chest pains, shortness of breath or heart racing When:	No	Yes
7. had a recent history of fatigue and unusual tiredness When:	No	Yes
8. been hospitalized, had significant medical illness/surgery or ER visit? List date/reason	No	Yes
a.		
9. started or stopped taking any "over the counter" or prescribed medications	No	Yes
a. list medications, dosages and reasons for the medications		
Medication:	Dosage:	Rationale:
Medication:	Dosage:	Rationale:
10. had a sudden death in the family , or had any member of the student's family under the age of 50 experience a heart attack or heart trouble	No	Yes
11. has a food, drug or environmental allergy List allergens:	No	Yes
a.		
12. has a prescribed Epinephrine Auto- Injector	No	Yes
13. has a prescribed asthma medication(s) List medications:	No	Yes
Medication:		
14. use/wear: Glasses: <input type="checkbox"/> Yes <input type="checkbox"/> No - Contacts <input type="checkbox"/> Yes <input type="checkbox"/> No – Support Brace <input type="checkbox"/> Yes <input type="checkbox"/> No		

It is your parental responsibility to make sure that your child has their ASTHMA (rescue) inhaler and EPINEPHRINE AUTO-INJECTOR with them for all try-outs, practices & games/meets. You must complete the parent medication permission form, and bring in an inhaler and/or auto-injectors for the nurse and one for the coach.

I attest that all of the above information is correct and I still agree and will abide by the policies that I signed for in the original sports participation packet.

Parent Signature:

Date:

All items negative/ School Nurse approved:

School MD: Approved NOT Approved More information needed

Reason:

School Physician signature:

Green Brook Middle School

Health History Update Questionnaire: Short form

Emergency Information

I. STUDENT INFORMATION

Student's NAME		Grade ____ Teacher:	
Address		Home Phone #	
Birth date: ____/____/____		Gender ____ Male ____ Female	
Fall (due before August 1st)	<input type="checkbox"/> Soccer (Boys & Girls teams)	<input type="checkbox"/> Cross Country (Co-ed)	<input type="checkbox"/> Volleyball (Girls)
Winter (due before October 15th)	<input type="checkbox"/> Basketball (Boys & Girls teams)		
Spring (due before Feb. 15th)	<input type="checkbox"/> Baseball (Boys)	<input type="checkbox"/> Softball (Girls)	<input type="checkbox"/> Track

II. PARENTAL INFORMATION

Father/Guardian's Name		Cell #	
Home #		Employment #	
Mother/Guardian's Name		Cell #	
Home #		Employment #	

List one **emergency contact that will be able to pick up your child** in case you cannot be reached in an emergency.

III. ALTERNATE EMERGENCY CONTACT INFORMATION

1st. Contact: Name		Home #	
Relationship	Employment #	Cell/Pager #	

IV. FIRST AID AND EMERGENCY CARE

- I, as the legal parent/guardian, of the above-named child/student, hereby consent to and authorize the nearest hospital or health care facility and its physicians in charge of my child's care, to perform emergency treatment and/or diagnostic procedures as deemed necessary/advisable.
- I understand that every attempt will be made to notify me if emergency care is needed for my child. I will not hold the school financially responsible for the emergency care and/or transportation for this child.
- I will **make available any emergency medication(s) such as a rescue inhaler or an epinephrine auto injector to the coach** for the duration of the try-out, practice and sport season, as per the district's medication administration policy. Failure to present the medication and all documentation to the coach prior to start of season will necessitate my child's suspension from the team/sport until policy is followed.

Hospital of choice (emergency care):

Parent/ Guardian printed name:		Parent/ Guardian signature:	
Insurance Co.	Primary insurer's name:	Policy #	
Student's Physician name:			Physician #:

V. PARENTAL PARTICIPATION CONSENT

This sports program is sponsored by the Green Brook Township Public Schools. Realizing that such activity involves the potential for injury, which is inherent in all sports, I/We the parents/guardians of the above-named student acknowledge that even with the best coaching, use of protective equipment and strict observance of rules, injuries are still a possibility. On rare occasion these injuries can be so severe as to result in total disability, paralysis or even death. I/we acknowledge that I/we have read and understand this warning. I/we further more release said school district from all liabilities sustained by my child during or resulting from participation in above name sport, and the parent/guardian shall indemnify and hold harmless the school district and its employees or agents from any and all claims arising from participation in school sponsored sport activities.

N.J. State law restricts the distribution of a student's health information listed on these pages without your written consent. For the health and safety of your child, please consider allowing the district to make the health information available to your child's coach: (check one box)

- the health information on these pages may be released to my child's coaches
- the health information on these pages **MAY NOT** be released to my child's coaches

Parent/ Guardian printed name:		Parent/ Guardian signature:	
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