

# Physical Verification Form

This form is to verify that I \_\_\_\_\_ have already received a physical for \_\_\_\_\_  
(athlete print your name here) (previous sport)

\_\_\_\_\_  
New Sport

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Nurse's Signature

## Consent and Release

This instrument is to certify that as the parent and/or guardian of \_\_\_\_\_ in consideration of the benefits to children to be gained through participation in the sports program, do hereby consent to his/her being enrolled as a candidate for participation in athletics and that he/she has my permission to undergo a complete sports physical which may include: history, blood pressure, pulse, hernia (boys), scoliosis screening, finger stick blood count, urinalysis for steroid detection and orthopedic exam of shoulders, elbows, knees, and ankles. He/she also has my permission to engage in the interscholastic competition under jurisdiction of the Clifton Board of Education.

Realizing that all sports participation is dangerous, I/we do hereby waive any claim for damages against the Board of Education of Clifton in the County of Passaic, NJ, its employees, officers, members, and participants for death or personal injuries or loss of potential earnings that may result from his/her participation in such sports except for and proceeds of accident or liability insurance policies that may be available for his/her protection.

I/we further release the said Board of Education of Clifton in the County of Passaic, NJ, its employees, members and participants from any and all claims or actions whatsoever based on the transportation of said team or the playing, equipment or operation of said sports programs during the season.

In case of accident or serious illness, I/we request the school to contact me/us. If the school is unable to reach me, I/we hereby authorize the school to make whatever emergency arrangements seem necessary.

(Please Print)

Athlete's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in School: \_\_\_\_\_

(Please Print)

Parent / Guardian Name: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_



## **Clifton Public Schools**

### **Acknowledgment of Warning- Student and Parents**

#### **Acknowledgment of Warning By Student**

I, \_\_\_\_\_, participating in \_\_\_\_\_ hereby  
(Student Name) (Sport)  
acknowledge that I have been properly advised, cautioned and warned by the proper administrative and coaching personnel of the Clifton Public School District that by participating in athletics, I am exposing myself to the risk of serious injury, including but not limited to, the risk of sprains, fractures and ligament and/or cartilage damage which could result in a temporary or permanent, partial or complete, impairment in the use of my limbs; brain damage; paralysis, or even death. Having been so cautioned and warned, it is still my desire to participate in the above sport, and should I choose to participate in the above sport, I hereby further acknowledge that I do so with full knowledge and understanding of the risk of injury to which I am exposing myself by participating in the above sport.

\_\_\_\_\_  
(Student Signature)

#### **Acknowledgment of Warning By Parents**

We/I, the parent(s) of \_\_\_\_\_ do hereby acknowledge that we/I have been fully advised,  
(Student's Name)  
cautioned and warned by the proper administrative and coaching personnel of the Clifton Public School District that our/my child named above may suffer serious injury, including but not limited to sprains, fractures, brain damage, paralysis, or even death, by participating in athletics. Notwithstanding such warnings, and with full knowledge and understanding of the risk of serious injury to our/my child named above which may result, we/I give our consent to participating in athletics.

\_\_\_\_\_  
(Parent's Signature)

**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 \_\_\_\_\_

9. Started or stopped taking any over-the-counter or prescribed medications? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, name of medication(s) \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_