

**Henry P. Becton Regional High School  
Athletic Competition Permission Form and Medical History Questionnaire**

(To be completed and signed by parent/guardian, signed by student, and submitted **prior** to the physical exam.-**Each student 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 N.J.A.C.6A:16-2.2(3)iii**)

Full Name	Grade	Sport
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Circle YES or NO to the following questions  
Has the above named student:

1. Been medically advised not to participate in any sport?	Yes	No
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If yes, reason: \_\_\_\_\_

2. Been under a physician's care?	Yes	No
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If yes, reason: \_\_\_\_\_

3. Any history of a seizure disorder?	Yes	No
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4. Experienced a loss of consciousness after an injury?	Yes	No
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5. Experienced a fracture or dislocation?	Yes	No
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If yes, when? \_\_\_\_\_

6. Undergone surgery?	Yes	No
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If yes, date: \_\_\_\_\_ Explain: \_\_\_\_\_

7. Been taking medication on a regular basis?	Yes	No
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If yes, names of medications: \_\_\_\_\_

Reasons for medications: \_\_\_\_\_

8. Been allergic, including hives, asthma, and reaction to bee sting?	Yes	No
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9. Any history of heart murmur?	Yes	No
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10. Experienced frequent chest pains and/or palpitations?	Yes	No
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11. A history of fainting with exercise?	Yes	No
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12. A recent history of fatigue and undue tiredness?	Yes	No
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13. A history of a family member having sudden death?	Yes	No
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14. Had an injury or illness since last physical?	Yes	No
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If yes, date: \_\_\_\_\_ Explain: \_\_\_\_\_

**IF YES, a note from the attending physician must be submitted stating clearance to participate.**

\*\*\*\*\*PLEASE COMPLETE BOTH SIDES\*\*\*\*\*

I have read and understand the following warning:

Realizing that athletic activity involves the potential for injury which is inherent in all sports, I/we acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of the rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis, or even death.

My son/daughter/ward \_\_\_\_\_, has my permission to participate in competitive school athletics sponsored by Henry P. Becton Regional High School. I hereby certify that he/she was born at \_\_\_\_\_ on (month) \_\_\_\_\_, (day) \_\_\_\_\_, (year) \_\_\_\_\_.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

I agree to be personally responsible for both the care of all the athletic equipment issued to me by the school and for the return of the equipment to the Athletic Department. Should I not return the equipment, I will pay the fines levied.

I understand that attendance at practices and games is mandatory. Lateness and unexcused absences will result in either suspension or dismissal from the team.

Smoking, alcohol and the use or possession of drugs are prohibited and will result in suspension or dismissal from the team, according to Board Policy.

Failure to complete the season satisfactorily will result in loss of letter and all other athletic awards related to the activity.

I have also read and understand the warning quoted above.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\*\*\*\*\*PLEASE COMPLETE BOTH SIDES\*\*\*\*\*

