

Student Sport Physical Examinations

Dear Parent/Guardian:

This form is required for all athletes participating in interscholastic or intramural sports and must be completed prior to tryouts or the first practice session as per New Jersey Administrative Code (N.J.A.C. 6A:16). **Part A: Health History Questionnaire - GREEN FORM** (pages 1-3) is to be completed by the parent and reviewed by the examining provider. **Part B: Physical Evaluation form - YELLOW FORM** (pages 1-4) is to be completed by the examining licensed provider MD, DO, APN or PA. Every line and blank must be filled out **COMPLETELY** or it will be returned to you for completion. Please return all completed and signed forms to the school health office.

- In accordance with the law, N.J.A.C. 6A:16-2.2, in order for a student to participate in a sport, a physical examination must be completed by your doctor within 365 days prior to the first practice session.
- The completed physical (**Yellow**) form is valid for 365 days. The (**GREEN**) - **Health History form** is required to be completed prior to the start of practice of **each** sport.
- Call your physician/provider well in advance of the start of practice to ensure that the physical examination will be completed in time for the start date.
- If your child does not have a physician, contact the school nurse (927-1302). ALL physical forms will be reviewed by the school physician **before** a child is given clearance to play. **INCOMPLETE FORMS OR FORMS THAT ARE LATE WILL PREVENT YOUR CHILD'S OPPORTUNITY TO START THEIR CHOSEN SPORT ON TIME.**
- If your child has asthma an asthma action plan must be completed by your child's physician prior to the start of any practice.
- If your child has any allergy requiring the administration of an epipen, please have your doctor write orders for emergency allergy treatment.

If you have any questions, please let us know. You may contact the school nurse by phone 927-1302.

ALL SPORT PHYSICALS ARE DUE TO THE NURSE PRIOR TO PARTICIPATION IN ANY ATHLETIC PRACTICE OR EVENT.

I wish to participate in the following sport _____

STUDENT SIGNATURE _____

I hereby give my consent for my child to participate in the above sport sponsored by the Mainland Board of Education. I realize that any school activity involves the potential for injury, and that with proper equipment and supervision, injuries may occur.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____