

Woodbridge Township School District  
Interscholastic Athletic Emergency Information

**DEADLINE: Prior to tryouts PLEASE see your COACH**

**Student Athlete**

NAME: \_\_\_\_\_ SEX: M F SPORT: \_\_\_\_\_ GRADE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TOWN: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**Parent/Guardian**

FATHER'S NAME: \_\_\_\_\_

FATHER'S WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

MOTHER'S WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

ADDITIONAL PHONES: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**If unable to contact parents, ADDITIONAL EMERGENCY CONTACT PERSON:**

NAME: \_\_\_\_\_ RELATIONSHIP TO ATHLETE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

PREFERRED HOSPITAL: \_\_\_\_\_

FAMILY DOCTOR: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_ MEDICATIONS: \_\_\_\_\_

DATE OF LAST TETANUS SHOT: \_\_\_\_\_ ASTHMA? YES NO  
(CIRCLE)

OTHER PERTINENT MEDICAL INFORMATION: \_\_\_\_\_

MEDICAL INSURANCE COMPANY: \_\_\_\_\_ POLICY #: \_\_\_\_\_

I have read and understand the Woodbridge Township Board of Education Policy #182 and Procedure #1820 regarding immediate medical care and transportation for student athletes who are injured at athletic events and practices.

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

## 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 \_\_\_\_\_