

Grade: _____

Sport: _____

ACKNOWLEDGEMENT AND CONSENT

We acknowledge that we have reviewed the NJSIAA Steroid Testing policy, the Opioid Fact Sheet, the Sudden Cardiac Death in Young Athletes pamphlet, Sports Related Eye Injury pamphlet, the Code of Conduct and Concussion Impact Test forms (all available on the athletics homepage and the online registration website). I hereby give consent for my son/daughter to participate in Interscholastic Sports sponsored by the West Morris Regional High School District. I give permission to have the medical information shared with the Athletic Trainer and Coach as necessary.

My son/daughter has had the following illness or injuries or chronic conditions that may affect athletic performance:

THE BOARD INSURANCE FOR THE INTERSCHOLASTIC COVERAGE IS AN EXCESS POLICY AND ONLY COVERS EXPENSES AFTER THE PARENTS HAVE UTILIZED THEIR OWN INSURANCE.

PRINTED NAME OF STUDENT-ATHLETE

PRINTED NAME OF PARENT/LEGAL GUARDIAN

Signature of Student-Athlete

Date

Signature of Parent/Legal Guardian

Date

NOTE: The preparticipation physical examination must be conducted by a health care provider who is a licensed physician, advanced practitioner, nurse, or physician assistant, and 2) completed the Student-Athlete Cardiac Assessment Professional Development Module.

PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5-14).

EXAMINATION		Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female				
BP	/	(/)	Pulse	Vision R 20/	L 20/	Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL		NORMAL			ABNORMAL FINDINGS			
Appearance		Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)						
Eyes/ears/nose/throat		Pupils equal Hearing						
Lymph nodes								
Heart*		Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI)						
Pulses		Simultaneous femoral and radial pulses						
Lungs								
Abdomen								
Genitourinary (males only)*								
Skin		HSV, lesions suggestive of MRSA, tinea corporis						
Neurologic*								
MUSCULOSKELETAL		NORMAL			ABNORMAL FINDINGS			
Neck								
Back								
Shoulder/arm								
Elbow/forearm								
Wrist/hand/fingers								
Hip/thigh								
Knee								
Leg/ankle								
Foot/toes								
Functional		Duck-walk, single leg hop						

*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
*Consider GU exam if in private setting. Having third party present is recommended.
*Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____
- Not cleared
- Pending further evaluation
 - For any sports
 - For certain sports _____
- Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, a physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician, advanced practice nurse (APN), physician assistant (PA) (print/type) _____ Date _____
Address _____ Phone _____
Signature of physician, APN, PA _____

■ PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

Name _____ Sex M F Age _____ Date of birth _____

Cleared for all sports without restriction

Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

Not cleared

Pending further evaluation

For any sports

For certain sports _____

Reason _____

Recommendations _____

EMERGENCY INFORMATION

Allergies _____

Other information _____

HCP OFFICE STAMP

SCHOOL PHYSICIAN:

Reviewed on _____ (Date)

Approved _____ Not Approved _____

Signature: _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician, advanced practice nurse (APN), physician assistant (PA) _____ Date _____

Address _____ Phone _____

Signature of physician, APN, PA _____

Completed Cardiac Assessment Professional Development Module

Date _____ Signature _____



NJSIAA STEROID TESTING POLICY

CONSENT TO RANDOM TESTING

In Executive Order 72, issued December 20, 2005, Governor Richard Codey directed the New Jersey Department of Education to work in conjunction with the New Jersey State Interscholastic Athletic Association (NJSIAA) to develop and implement a program of random testing for steroids, of teams and individuals qualifying for championship games.

Beginning in the Fall, 2006 sports season, any student-athlete who possesses, distributes, ingests or otherwise uses any of the banned substances on the attached page, without written prescription by a fully-licensed physician, as recognized by the American Medical Association, to treat a medical condition, violates the NJSIAA's sportsmanship rule, and is subject to NJSIAA penalties, including ineligibility from competition. The NJSIAA will test certain randomly selected individuals and teams that qualify for a state championship tournament or state championship competition for banned substances. The results of all tests shall be considered confidential and shall only be disclosed to the student, his or her parents and his or her school. No student may participate in NJSIAA competition unless the student and the student's parent/guardian consent to random testing.

By signing below, we consent to random testing in accordance with the NJSIAA steroid testing policy. We understand that, if the student or the student's team qualifies for a state championship tournament or state championship competition, the student may be subject to testing for banned substances.

_____ Signature of Student-Athlete	_____ Print Student-Athlete's Name	_____ Date
_____ Signature of Parent/Guardian	_____ Print Parent/Guardian's Name	_____ Date

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Principal

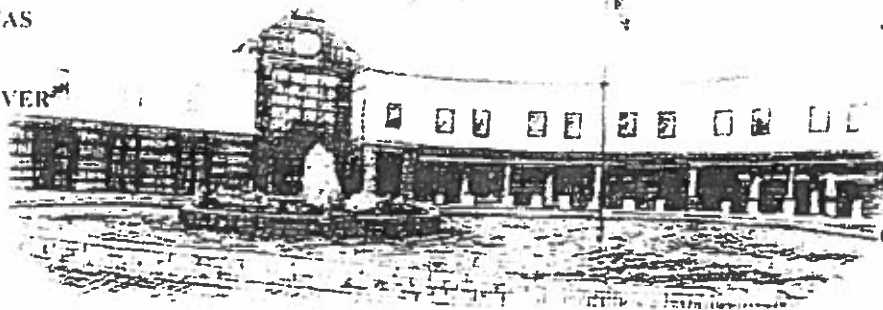
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JANET MORAN SLOVER
Assistant Principal

LAURA PEREIRA
IB Coordinator

TIMOTHY RYMER
Assistant Principal

NED PANFILE
*Coordinator of Athletics &
Student Activities*



Use and Misuse of Opioid Drugs Fact Sheet Student-Athlete and Parent/Guardian Sign-Off

In accordance with *N.J.S.A. 18A:40-41.10*, public school districts, approved private schools for students with disabilities, and nonpublic schools participating in an interscholastic sports program must distribute this *Opioid Use and Misuse Educational Fact Sheet* to all student-athletes and cheerleaders. In addition, schools and districts must obtain a signed acknowledgement of receipt of the fact sheet from each student-athlete and cheerleader, and for students under age 18, the parent or guardian must also sign.

This sign-off sheet is due to the appropriate school personnel as determined by your district prior to the first official practice session of the spring 2018 athletic season (March 2, 2018, as determined by the New Jersey State Interscholastic Athletic Association) and annually thereafter prior to the student-athlete's or cheerleader's first official practice of the school year.

Name of School: **Mendham High School**

Name of School District: **West Morris Regional High School District**

I/We acknowledge that we received and reviewed the Educational Fact Sheet on the Use and Misuse of Opioid Drugs.

Student Name: _____

Student Signature: _____

Parent/Guardian Signature:
(also needed if student is under age 18): _____

Date: _____

¹Does not include athletic clubs or intramural events.