

BOONTON HIGH SCHOOL / JOHN HILL SCHOOL
2024-2025

ATHLETIC / ACTIVITY EMERGENCY CARD & PERMISSION SLIP

Name _____ Grade (in 2024-25) _____ Sex: M / F Sport _____
Date of Birth _____ Place of Birth _____ Home Phone _____
Address _____ Town _____ Zip _____
Parent/Guardian (1) _____ Bus. Phone _____ Cell Phone _____
Parent/Guardian (2) _____ Bus. Phone _____ Cell Phone _____
Parent/Guardian e-mail (1) _____ @ _____ Parent/Guardian e-mail (2) _____ @ _____
Emergency Contact _____ Phone _____
Student's Physician _____ Phone _____
Student's Dentist _____ Phone _____

Please list any medical conditions, health concerns, allergies, and medications for your child:

Please review code of conduct, team respect pledge, steroid, cardiac, concussion, eye injury form, opioid fact sheet, opioid video acknowledgement. Parent/guardian & student signatures indicate you have reviewed and acknowledge this information, and consent to all terms/stipulations on this page.

My child will be participating in the Boonton athletic program. I understand that participation in a sport or activity carries a risk of being injured that is inherent in all sports. And, despite the use of protective equipment and proper technique, the risk of injury may be severe, including the risk of fractures, brain injuries, paralysis or even death. I will not hold the school authorities responsible in the event of accident or injury resulting from my child's participation in the athletic program. I understand, however, that Boonton Public Schools carries insurance and that my child will be covered by this insurance according to the limitations and conditions set forth in the policy. The insurance contract involves an agreement between the company and parents. Neither the Board of Education nor its employees are to be considered participants in this policy beyond the normal actions required for the processing of claims.

In the event of an emergency and I cannot be reached, I give my permission for my son/daughter to be given necessary immediate medical care at a hospital or other medical or dental facility. _____ (signature of parent/guardian)

I give my consent and approval for my son/daughter to participate in (sport) _____ during the _____ school year in accordance with the rules and regulations of the NJSIAA and Boonton Board of Education.

I have read, understand and agree to abide by the rules and regulations set forth by the Boonton Board of Education, Boonton Athletic Department and the NJSIAA.

Signature of Parent/Guardian: _____ Date: _____

Student Signature: _____ Date: _____

Immunizations _____ Impact Testing _____

Physical Completed _____ Nurse's Signature _____

Credits _____ Athletic Director's Signature _____

**New Jersey Department of Education
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 ☐ No ☐

9. Started or stopped taking any over-the-counter or prescribed medications? Yes ☐ No ☐

10. Been diagnosed with Coronavirus (COVID-19)? Yes ☐ No ☐

If diagnosed with Coronavirus (COVID-19), was your son/daughter symptomatic? Yes ☐ No ☐

If diagnosed with Coronavirus (COVID-19), was your son/daughter hospitalized? Yes ☐ No ☐

11. Has any member of the student-athlete's household been diagnosed with Coronavirus (COVID-19)? Yes ☐ No ☐

Date: _____ Signature of parent/guardian: _____

Please Return Completed Form to the School Nurse's Office