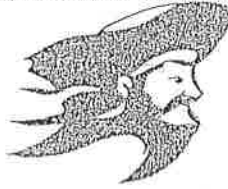


Belleville Buccaneers
Athletics Department
Office: 973-450-3500
x1005
Cell: 862-926-8486



Mr. Marcellino Marra
Athletic Director
Belleville High School
Marcellino.Marra@Belleville.k12.nj.us

**THIS PACKET IS FOR STUDENTS THAT HAVE HAD A PHYSICAL WITHIN 365 DAYS
(1 YEAR) AND WOULD LIKE TO PARTICIPATE IN ANOTHER SPORT.**

In this packet you will be responsible for the following materials which must be read and completed by both the parent(s)/guardian(s) and the student-athlete wishing to participate in additional athletic programs after a physical has been performed in a previous season, or within 1 year (365 days).

Please follow the indicated instructions next to each part of the physical packet:

1. Parent(s)/Guardian(s) Emergency Information Form – On-Line @ BellevilleAthletics.org.
2. Department of Education Health History Update Questionnaire (**attached**) – Fill out, Sign & Return.
3. NJSIAA Steroid Testing Policy & Sign-Off – On-Line @ BellevilleAthletics.org.
4. Sudden Cardiac Communication Pamphlet/Sign-Off Sheet – On-Line @ BellevilleAthletics.org
5. NJSIAA Concussion Acknowledgement Form – On-Line @ BellevilleAthletics.org.
6. Athletic Handbook Agreement – On-Line @ BellevilleAthletics.org.
7. Media Release Form – On-Line @ BellevilleAthletics.org.
8. Opioid Drug Fact Sheet – On-Line @ BellevilleAthletics.org.

Items 1 through 7 must be returned by the below dates for your child to be able to participate in any form of Interscholastic Athletics.

FALL
July 11,2018

WINTER
October 29,2018

SPRING
January 28, 2019

Thank you for your anticipated cooperation in helping us provide a positive, enjoyable athletic experience for your child.

State of 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 _____

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 _____

PLEASE RETURN COMPLETED FROM TO THE SCHOOL NURSES'S OFFICE

E14-00284