

Netcong School
26 College Rd Netcong, NJ 07857
(973) 347-0020

Netcong School Sports

Student's Name: _____ Sex: M F (circle one) Age: _____

Address: _____

City/State/Zip: _____

Date of Birth: _____ Sport: _____ Home Phone: _____

Grade: _____ Physician: _____ Phone: _____ Fax: _____

Emergency Contact Information

Name: _____ Relationship to Student: _____

Phone (work): _____ Phone (home): _____ Phone (cell): _____ po _____

It is required that if your child goes to their private physician, the physician must sign and stamp stating the completion of the cardiac module on the physical form

Directions for Completing Athletics Physical Forms

- ❖ Use **pen** to complete all forms
- ❖ **Page One**- Complete all demographics and emergency contact information
- ❖ **History Form**- Complete entire form. Any questions answered "yes" must be explained in the lined portion on the bottom right corner of the form. **BOTH STUDENT AND PARENT MUST SIGN.**
- ❖ **Special Needs Form**- Complete if applicable. If not applicable, draw a line through the page and still sign at the bottom
- ❖ **Physical Exam Form**- Fill out Name and Date of Birth only. Physician to complete the rest.
- ❖ **Clearance Form**- Fill Out Name, Age, Sex and Date of Birth. Physician to complete the rest.

Forms to Be Completed In Addition to Physical (to be signed by parent)

Sudden Cardiac Death Pamphlet Sign Off Sheet

Concussion Sign Off Sheet

Opioid Use and Misuse Sign Off Sheet

Information and sign off sheets can be found on the website or obtained from the nurse's office