

UPDATE

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Briarcliff Middle School  
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SPORTS MEDICAL UPDATE

NAME \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

SPORT \_\_\_\_\_ Previous Sport \_\_\_\_\_

DATE of LAST MEDICAL EXAM: \_\_\_\_\_

New Jersey State Department of Education Law requires an update of an athlete's Medical Health History for each athletic season. Please indicate below any medical problems experienced since the last medical examination. (Please use the back of this form for details)

<u>Hospitalizations:</u> Has your child been hospitalized since the last medical exam?	YES or NO	Reason for hospitalization and give dates:
<u>Operations:</u> Has your child had any surgical procedures since the last medical exam?	YES or NO	State type of surgery and give dates:
<u>Illnesses:</u> Has your child been ill with any type of minor or major illness since the last medical exam?	YES or NO	Describe any illness and give dates:
<u>Injuries:</u> Has your child suffered any type of injury since the last medical exam?	YES or NO	State the nature of the injury and give dates:
<u>Medical Care:</u> Has your child been under the care of a physician since the last medical exam?	YES or NO	Reason for medical care and give dates:

Current Medications: List all medications/dosages that your child takes on a daily or regular basis.

I hereby the release of pertinent medical information to be shared with my child's coach and athletic trainer.

DATE: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_