



HANOVER PARK REGIONAL HIGH SCHOOL DISTRICT



Athletic Physicals Procedures and Release Form

Hanover Park High School

Whippany Park High School

Athletic Application for: _____ School Year: _____
(name of sport)

Student Name: _____ Grade: _____

Procedures for Athletic Physicals:

A. Athletic Physical is Required

1. Each candidate for school athletic team must undergo a physical examination within 365 days prior to the first practice session of that team.
2. Physicals may be administered by a physician chosen by the parent at the parent's expense or by the school physician prior to the start of the respective sports season and at the District's expense.
3. The result of all physical examinations will be recorded on the appropriate state form and submitted to the school.
4. The school physician will notify parent of the approval or disapproval of the student's athletic participation.
5. The original examining physician must complete incomplete physical examination forms.

B. Health History Questionnaire is Required for Each Sport

1. Parents/Students shall complete a state Health History Questionnaire prior to the student's participation in any sport.
2. Only the state form will be accepted.
3. Health History Questionnaire must be signed by the parent.

Parent's Release of Physical Examination Data to Athletic Trainer and/or Coach

The school nurse in accordance with state regulations will maintain student health information data collected on the Health History Questionnaire and/or the Physical Examination form. Parents may wish to authorize the release of such information about the student athlete that the nurse believes is relevant to preserve the student's health and safety as they participate in the specific sport to the school athletic trainer and the sport coach. To authorize such a release, please sign the following release authorization:

I hereby authorize the school nurse to release to the school athletic trainer and the respective sport coach such information as she/he believes relevant to maintain the health and safety of my child in the above sport.

Parent Signature _____ Date _____

New Jersey Department of Education ANNUAL ATHLETIC PRE-PARTICIPATION PHYSICAL EXAMINATION FORM

Part A: HEALTH HISTORY QUESTIONNAIRE-Completed by the parent and student and reviewed by examining provider
Part B: PHYSICAL EVALUATION FORM-Completed by examining licensed provider with MD, DO, APN or PA

Part A: HEALTH HISTORY QUESTIONNAIRE

Today's Date: _____ **Date of Last Sports Physical:** _____

Student's Name: _____ **Sex:** M F **Age:** ____ **Grade:** ____ **Home Phone #** _____

Date of Birth: ____ / ____ / ____ **School:** _____ **District:** _____

Sport (s): _____

Provider's Name (Medical Home): _____ **Phone:** _____ **Fax:** _____

Emergency Contact Information

Mother/Guardian's Name: _____ Cell # _____ Work# _____	Father's/Guardian's Name: _____ Cell # _____ Work# _____
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Additional Emergency Contact:	Relationship to Student:	Cell #	Home#
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Health History Information

Directions: Please answer the following questions about the student's medical history by **CIRCLING** the correct response.
 Explain all "yes" responses on the lines below each section. **Respond to all questions.**

1. Have you ever had, or do you currently have:	Y / N / Don't Know
a. Restriction from sports for a health related problem.	Y / N / Don't Know
b. An injury or illness since your last exam?	Y / N / Don't Know
c. A chronic or ongoing illness (such as diabetes or asthma)?	Y / N / Don't Know
1.) An inhaler or other prescription medicine to control asthma?	Y / N / Don't Know
d. Any prescribed or over the counter medications that you take on a regular basis?	Y / N / Don't Know
e. Surgery, hospitalization or any emergency room visit(s)?	Y / N / Don't Know
f. Any allergies to medications?	Y / N / Don't Know
g. Any allergies to bee stings, pollen, latex or foods?	Y / N / Don't Know
(1.) If yes, check type of reaction:	Y / N / Don't Know
<input type="checkbox"/> Rash <input type="checkbox"/> Hives <input type="checkbox"/> Breathing or other anaphylactic reaction	
(2.) Take any medication/Epi-pen taken for allergy symptoms? (List below.)	Y / N / Don't Know
h. Any anemias, blood disorders, sickle cell disease/trait, bleeding tendencies or clotting disorders?	Y / N / Don't Know
i. A blood relative who died before age 50?	Y / N / Don't Know
▶ Explain all "yes" answers here (include relevant dates):	

MEDICATIONS: List all medications here:

Medication Name:	Rationale Or Indication:	Dosage	Frequency/Times Given

2. Have you ever had, or do you currently have, any of the following HEAD-related conditions:	
a. Concussion or head injury (including "bell rung" or a "ding")?	Y / N / Don't Know
b. Memory loss?	Y / N / Don't Know
c. Knocked out?	Y / N / Don't Know
d. A seizure(s)?	Y / N / Don't Know
e. Frequent or severe headaches (With or without exercise)?	Y / N / Don't Know
f. Fuzzy or blurry vision	Y / N / Don't Know
g. Sensitivity to light/noise	Y / N / Don't Know
▶ Explain all "yes" answers here (include relevant dates):	

3. Have you ever had, or do you currently have, any of the following HEART-related conditions:	
a. Restriction from sports for heart problems?	Y / N / Don't Know
b. Chest pain or discomfort?	Y / N / Don't Know
c. Heart murmur?	Y / N / Don't Know
d. High blood pressure?	Y / N / Don't Know
e. Elevated cholesterol level?	Y / N / Don't Know
f. Heart infection?	Y / N / Don't Know
g. Dizziness or passing out during or after exercise without known cause?	Y / N / Don't Know

h. Has a provider ever ordered a heart test (EKG, echocardiogram, stress test, Holter monitor)?	Y / N / Don't Know
i. Racing or skipped heartbeats?	Y / N / Don't Know
j. Unexplained difficulty breathing or fatigue during exercise?	Y / N / Don't Know
k. Any family member (blood relative):	
(1). Under age 50 with a heart condition?	Y / N / Don't Know
(2). With Marfan Syndrome?	Y / N / Don't Know
(3). Died of a heart problem before age 50? If yes, at what age?	Y / N / Don't Know
(4). Died with no known reason?	Y / N / Don't Know
(5). Died while exercising? If yes, was it during or after? (Circle one.)	Y / N / Don't Know
► Explain all "yes" answers here (include relevant dates):	
4. Have you ever had, or currently have, any of the following <i>EYE, EAR, NOSE, MOUTH or THROAT</i> conditions:	
a. Vision problems?	Y / N / Don't Know
(1). Wear contacts, eyeglasses or protective eye wear? (Circle which type.)	Y / N / Don't Know
b. Hearing loss or problems?	Y / N / Don't Know
(1). Wear hearing aides or implants?	Y / N / Don't Know
c. Nasal fractures or frequent nose bleeds?	Y / N / Don't Know
d. Wear braces, retainer or protective mouth gear?	Y / N / Don't Know
e. Frequent strep or any other conditions of the throat (e.g. tonsillitis)?	Y / N / Don't Know
► Explain all "yes" answers here (include relevant dates):	
5. Have you ever had, or do you currently have, any of the following <i>NEUROMUSCULAR/ORTHOPEDIC</i> conditions:	
a. Numbness, a "burner", "stinger" or pinched nerve?	Y / N / Don't Know
b. A sprain?	Y / N / Don't Know
c. A strain?	Y / N / Don't Know
d. Swelling or pain in muscles, tendons, bones or joints?	Y / N / Don't Know
e. Dislocated joint(s)?	Y / N / Don't Know
f. Upper or lower back pain?	Y / N / Don't Know
g. Fracture(s), stress fracture(s), or broken bone(s)?	Y / N / Don't Know
h. Do you wear any protective braces or equipment?	Y / N / Don't Know
► Explain all (yes) answers here (include relevant dates):	
6. Have you ever had or do you currently have any of the following <i>GENERAL or EXERCISE RELATED</i> conditions:	
a. Difficulty breathing?	Y / N / Don't Know
(1.) During exercise?	Y / N / Don't Know
(2.) After running one mile?	Y / N / Don't Know
(3.) Coughing, wheezing or shortness of breath in weather changes?	Y / N / Don't Know
(4.) Exercise-induced asthma?	Y / N / Don't Know
i. Controlled with medication? (specify _____)	Y / N / Don't Know
ii. Experience dizziness, passing out or fainting?	Y / N / Don't Know
b. Viral infections (e.g. mono, hepatitis, coxsackie virus)?	Y / N / Don't Know
c. Become tired more quickly than others?	Y / N / Don't Know
d. Any of the following skin conditions:	Y / N / Don't Know
(1.) Cold sores/herpes, impetigo, MRSA, ringworm, warts?	Y / N / Don't Know
(2.) Sun sensitivity?	Y / N / Don't Know
e. Weight gain/loss (of 10 pounds or more)?	Y / N / Don't Know
(1.) Do you want to weigh more or less, than you do now?	Y / N / Don't Know
f. Ever had feelings of depression?	Y / N / Don't Know
g. Heat-related problems (dehydration, dizziness, fatigue, headache)?	Y / N / Don't Know
(1.) Heat exhaustion (cool, clammy, damp skin)?	Y / N / Don't Know
(2.) Heat stroke (hot, red, dry skin)?	Y / N / Don't Know
(3.) Muscle cramps?	Y / N / Don't Know
h. Absence or loss of an organ (e.g. kidney, eyeball, spleen, testicle, ovary)?	Y / N / Don't Know
► Explain all "yes" answers here (include relevant dates):	
7. Females only: a. Age of onset of menstruation: _____	
b. How many menstrual periods in the last twelve (12) months? _____	
8. Males only:	
a. Have you had any swelling or pain in your testicles or groin?	Y / N / Don't Know

PARENT/GUARDIAN SIGNATURE

I certify that the information provided herein is accurate to the best of my knowledge as of the date of my signature.

Printed Parent Name: _____ Signature date: _____

Parent/ Guardian or Student Age 18+ Signature: _____

THE EXAMINING PROVIDER MUST REVIEW THIS COMPLETED AND SIGNED HEALTH HISTORY AT THE TIME OF THE MEDICAL EXAM.

ANNUAL ATHLETIC PRE-PARTICIPATION PHYSICAL EVALUATION FORM

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Part B: Physical Evaluation Form

(Completed by the examining licensed provider MD, DO, APN or PA)

-STUDENT INFORMATION-

Student's Name: _____ Sex: M F Grade: ____ Age: ____ Date of Birth: _____

Address: _____

City/State/Zip: _____ Home Phone #: _____

Sports: _____

School: _____ District: _____

Parent/Guardian's Full Name: _____

- EXAMINING PHYSICIAN/PROVIDER CONTACT INFORMATION-

If conducted by school physician check here: Name: _____ Phone: _____

Address: _____ City/State/Zip: _____ Fax: _____

- FINDINGS OF PHYSICAL EVALUATION -

Height: _____ Weight: _____ Blood Pressure: ____ / ____ Pulse: ____ bpm.

Vision: R 20/____ L 20/____ Corrected: Y / N Contacts: Y / N Glasses: Y / N

INDICATORS	NORMAL?	ABNORMAL FINDINGS/COMMENTS
General Appearance	YES	
Head/Neck	YES	
Eyes/Sclera/Pupils	YES	
Ears	YES	
Gross Hearing	YES	
Nose/Mouth/Throat	YES	
Lymph Glands	YES	
Cardiovascular	YES	
Heart Rate	YES	
Rhythm	YES	
Murmur	ABSENT	
If murmur present		Standing makes it: Louder Softer No Change
		Squatting makes it: Louder Softer No Change
		Valsalva makes it: Louder Softer No Change
Femoral Pulses	YES	
Lungs: Auscultation/Percussion	YES	
Chest Contour	YES	
Skin	YES	
Abdomen (liver, spleen, masses)	YES	
Assess: physical maturation/Tanner Scale	YES	
Testicular Exam (Males Only)	YES	
Neck/Back/Spine:	YES	
Range of Motion	YES	
Scoliosis	ABSENT	
Upper Extremities: (ROM, Strength, Stability)	YES	
Lower Extremities: (ROM, Strength, Stability)	YES	
Neurological: Balance & Coordination	YES	
Hernia	ABSENT	
Evidence of Marfan Syndrome	ABSENT	

Most recent immunizations and dates administered:

Medications currently prescribed, with dose and frequency:

Medication Name	Dosage	Frequency

Additional observations:

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General Diagnosis:

General Recommendations:

THE HISTORY PREPARED BY THE PARENT/STUDENT MUST BE REVIEWED BY THE EXAMINING PROVIDER AT THE TIME OF THE PHYSICAL EXAMINATION.

CLEARANCES: This section is completed by the examining healthcare provider.

After examining the student and reviewing the medical history the student is:

- A. Cleared for participation in all sports without restriction.
B. Not cleared for participation in any sport until evaluation and treatment of:
C. Cleared for limited participation in the following types of sports only. Please see below for sport classifications.
Check all that apply CONTACT/COLLISION NON-CONTACT/STRENUOUS LIMITED CONTACT NON-CONTACT/NON-STRENUOUS

Limitations due to:

NOTES TO THE EXAMINING PROVIDER

Conditions requiring clearance before sports participation include, but are not limited to the following: Anaphylaxis; Atlantoaxial instability; Bleeding disorder; Hypertension; Congenital heart disease; Dysrhythmia; Mitral valve prolapse; Heart murmur; Cerebral palsy; Diabetes mellitus; Eating disorders; Heat illness history; One-kidney athletes; Hepatomegaly, Splenomegaly; Malignancy; Seizure Disorder; Marfan Syndrome; History of repeated concussion; Organ transplant recipient; Cystic fibrosis; Sickle cell disease; and/or One-eyed athletes or athletes with vision greater than 20/40 in one eye.

SAMPLES OF CLASSIFICATION OF SPORTS BY CONTACT

Table with 7 columns: Contact/Collision, Limited Contact, Strenuous, Non-strenuous, and Non-Contact. Rows include Basketball, Ice Hockey, Baseball, Gymnastics, Discus, Strength Training, Bowling, etc.

Table with 5 columns: Effects of physiologic maneuvers on heart sounds, Physical Stigmata of Marfan Syndrome, HCM = Hypertrophic Cardio Myopathy, Standing, Squatting, Valsalva.

Physician's/Provider's Stamp:

HISTORY REVIEWED AND STUDENT EXAMINED BY:

- Primary Care Provider
School Physician Provider
License Type: MD/DO APN PA

PHYSICIAN'S PROVIDER'S SIGNATURE: Today's Date: Date of Exam:

RESERVED FOR SCHOOL DISTRICT USE

N.J.A.C. 6A:16-2.2 requires the school physician to provide written notification to the parent/legal guardian stating approval or disapproval of the student's participation in athletics based on this physical evaluation.

History and Physical Reviewed By: Date:

Title of Reviewer (please check one): School Nurse School Physician

Medical Eligibility Notification Sent to Parent/Guardian by School Physician: Letter of notification is attached OR

Parent notification indicates that: Participation Approved without limitations Participation Approved with limitations pending evaluation

Participation NOT Approved Reason(s) for Disapproval:



HANOVER PARK REGIONAL HIGH SCHOOL DISTRICT



Athletic Application and Permission Form

Hanover Park High School

Whippany Park High School

Athletic Application for: _____ School Year: _____
(name of sport)

Student Name: _____ Grade: _____

Address: _____

Home Phone: _____ Birth Date: _____ Age: _____

Emergency Telephone: _____

Student's Statement

I wish to participate in the above named sport. I understand that to do so, I must:

- a. have a signed parental permission form on file with the coach.
- b. complete an approved athletic physical examination and health update.
- c. attend faithfully to my studies and behave in a sportsmanlike manner.
- d. be eligible under Board of Education Policy and the rules of the NJ Interscholastic Athletic Association (27.5 credits per year and 13.75 credits for the second semester).
- e. be responsible for the care and safe return of all school property/equipment. I understand that I must reimburse the school for any lost or severely damaged school property/equipment.

I further confirm that I have read, understand and fully agree to abide by the Hanover Park Regional Athletic Team Disciplinary Procedures as detailed on the reverse side of this application and the NJSIAA policy concerning banned substances that includes provisions for random testing.

Student Signature _____ Date _____

Parent's Consent

I hereby give consent for my son/daughter to participate in the above athletic program and to accompany the team on scheduled athletic trips. I understand that participation in interscholastic athletics presents the potential for physical injury or death. I further understand that the District insurance for interscholastic sport coverage is an excess policy and only covers expenses after the parents have utilized their own insurance.

I have read all provisions of this application and agree to assist my son/daughter in complying with Athletic Team Disciplinary Procedures. I have also read and understand the NJSIAA policy concerning banned substances that includes provisions for random testing.

Parent Signature _____ Date _____



HANOVER PARK REGIONAL HIGH SCHOOL DISTRICT



Athletic Team Disciplinary Procedures

Purpose - The following procedures have been adopted by the Hanover Park Regional High School District to provide uniformity and continuity in determining disciplinary action for violations of the District's Athletic Code.

Code Violation

- Smoking and other tobacco products
- Consumption or possession of alcoholic beverages
- Consumption, possession or sale of drugs (other than proper use of prescribed medication)
- Theft of or vandalism to any school property (home or host school), while under the supervision of a coach or representing the school team in any way
- Insubordination
- Other negative actions, flagrant or excessive misbehavior

Hazing: The Hanover Park Regional High School District will not tolerate hazing of any kind to our student athletes. Students who disregard this rule are subject to suspension and/or expulsion from their team, as well as appropriate school disciplines set forth by the administration.

School Disciplinary Action - All violations of school board policy JFGH dealing with smoking, drugs, alcohol, theft or vandalism, at any time while the student is participating in a school function, under the jurisdiction of the school or on school property, will be reported immediately to the Assistant Principal in charge of discipline. Appropriate action will be taken as described under the established disciplinary procedures.

Team Disciplinary Action

A. **First Violation** - A team suspension period of five practice and/or game days, during which time the athlete must attend practice or games, but not participation. Students on school suspension may not participate in any team activity. School suspensions will count as part of the five-day team suspension period.

After serving the five-day suspension, the athlete may return to the team, but must participate in five practice sessions prior to taking part in any interscholastic contest. It is assumed that the coach will assign an appropriate workout schedule to enable the athlete to maintain desired physical condition, and to work and earn his/her way back onto the team.

B. **Second Violation** - If the athlete has been suspended from any school team during the school year (Sept- June), he or she will be dismissed from that team for the remainder of that particular season.

Example 1 - Two violations during fall athletic season

Result - Dismissal from team for the remainder of the fall season

Example 2 - Two violations, first during the fall season and second during the winter season.

Result - Dismissal from team for the remainder of the winter season

Example 3 - Two violations, first during fall season and second during spring season

Result - Dismissal from team for the remainder of the spring season.

C. Before the student-athlete is permitted to try out for another team during a later season, in the same school year in which two violations occur, he or she must make a formal participation request to the administrator in charge of athletics. This administrator will select three coaches to form a review committee of four, and together they will review the request and decide whether participation will be permitted.

D. **Right of Appeal** - The student-athlete may request a hearing regarding suspension from an activity by informing the administrator in charge of athletics. The hearing will take place and a decision rendered as soon as possible from the time of the appeal request. Vacation periods and holidays may require an alternate date hearing meeting to be established by the administrator.

E. Recognizing that there are degrees of violations, the school authorities reserve the right to impose immediate dismissal from the athletic activity for the remainder of that season.

Application of Code - This team suspension procedure applies to team support personnel as well as players, e.g. managers, statisticians.

Individual Team Codes - This team suspension procedure does not prevent coaches from having rules and regulations particular to their team, relating to violations not covered by the above team suspension procedures.

Due Process - The school recognizes its responsibility to make this information as widely available to students and parents as is reasonable, and to insure the student's right to due process in all matters.

In addition to the above-mentioned criteria, all athletes are required to be alcohol-free, tobacco-free, drug-free and anabolic steroid-free 24 hours a day, 7 days a week throughout the season. Athletes who use and/or are in possession of these items are subject to disciplinary action as outlined by the Board of Education Policy and may be subject to suspension and/or expulsion from their team. Attendance at parties or gatherings where alcohol, tobacco or drugs are present is strictly prohibited. Athletes must depart from such affairs or situations immediately once these substances are discovered. Failure to do that, may result in suspension and/or expulsion from their team. This rule does not restrict athletes from attending family functions where alcoholic beverages are present. The purpose of this rule is to deter underage drinking and/or substance abuse.

School Year: _____

New Jersey State Interscholastic Athletic Association (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 reverse side of this 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.

Student Name (Print) _____

Student's Signature _____ Date: _____

Parent's Signature _____ Date: _____

NJSIAA requires that all student athletes and parents sign the above form before participating in interscholastic sports. Failure to sign the consent form renders the student athlete ineligible.



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NJSIAA Banned-Drug Classes 2008 - 2009

The term "related compounds" comprises substances that are included in the class by their pharmacological action and/or chemical structure. No substance belonging to the prohibited class may be used, regardless of whether it is specifically listed as an example.

Many nutritional/dietary supplements contain NJSIAA banned substances. In addition, the U. S. Food and Drug Administration (FDA) does not strictly regulate the supplement industry; therefore purity and safety of nutritional dietary supplements cannot be guaranteed. Impure supplements may lead to a positive NJSIAA drug test. **The use of supplements is at the student-athlete's own risk.** Student-athletes should contact their physician or athletic trainer for further information.

The following is a list of banned-drug classes, with examples of banned substances under each class:

(a) Stimulants

amiphenazole
amphetamine
bemigride
benzphetamine
bromantan
caffeine¹ (guarana)
chlorphentermine
cocaine
cropropamide
crothetamide
diethylpropion
dimethylamphetamine
doxapram
ephedrine
(ephedra, ma huang)
ethamivan
ethylamphetamine
fencamfamine
meclofenoxate
methamphetamine
methylenedioxymethamphetamine
(MDMA, ecstasy)
methylphenidate
nikethamide
pemoline
pentetrazol
phenimetrazine
phenmetrazine
phentermine
phenylpropanolamine (ppa)
picrotoxine
pipradol
prolintane
strychnine
synephrine
(citrus aurantium, zhi shi, bitter
orange)
and related compounds

(b) Anabolic Agents

anabolic steroids
androstenediol
androstenedione
boldenone
clostebol
dehydrochloromethyl-
testosterone
dehydroepiandro-
sterone (DHEA)
dihydrotestosterone (DHT)
dromostanolone
epitrenbolone
fluoxymesterone
gestrinone
mesterolone
methandienone
methenolone

methyltestosterone
nandrolone
norandrostenediol
norandrostenedione
norethandrolone
oxandrolone
oxymesterone
oxymetholone
pregnelone
stanozolol
testosterone²
tetrahydrogestrinone
(THG)
trenbolone
and related compounds
other anabolic agents
clenbuterol

(c) Diuretics

acetazolamide
bendroflumethiazide
benzhiazine
bumetanide
chlorothiazide
chlorthalidone
ethacrynic acid
flumethiazide
furosemide
hydrochlorothiazide
hydroflumenthiazide
methyclothiazide
metolazone
polythiazide
quinethazone
spironolactone
triamterene
trichlormethiazide
and related compounds

(d) Peptide Hormones & Analogues:

corticotrophin (ACTH)
human chorionic gonadotrophin (hCG)
leutenizing hormone (LH)
growth hormone (HGH, somatotrophin)
insulin like growth hormone (IGF-1)

**All the respective releasing factors
of the above-mentioned substances
also are banned:**
erythropoietin (EPO)
darbypoetin
sermorelin

(e) Definitions of positive depends on the following:

- ¹ for caffeine – if the concentration in urine exceeds 15 micrograms/ml
- ² for testosterone – if administration of testosterone or use of any other manipulation has the result of increasing the ratio of the total concentration of testosterone to that of epitestosterone in the urine of greater than 6:1, unless there is evidence that this ratio is due to a physiological or pathological condition.

HANOVER PARK REGIONAL HIGH SCHOOL DISTRICT

STUDENT RANDOM ALCOHOL AND DRUG CONSENT-TO-TEST FORM

I understand fully that my involvement, as a participant and the reputation of my school are dependent, in part, on my conduct as an individual. I hereby agree to accept and abide by the standards, rules and regulation set forth by the Hanover Park Regional High School District Board of Education and the sponsors for the activity/athletic program in which I participate.

I authorize the Hanover Park Regional High School District to conduct a test on saliva, urine and/or breath, which I provide on-site to test for alcohol and/or drug use if my name is drawn from the random pool.

Pursuant to the Regulations for Policy JHCE, I authorize the following:

1. Hanover Park Regional High School District Board of Education to release specimens to the testing laboratory(ies).
2. Test laboratory(ies) to release test results to designated Medical Review Officer, MD.
3. Medical Review Officer, MD to release test results to Hanover Park Regional High School District Board of Education Student Assistance Counselor, Grade Level Administrator and/or Medical Inspector. *
4. Hanover Park Regional High School District Board of Education to release individual student name, parent's name and home phone number to Medical Review Officer, MD regarding all positive drug test results.

* All results are kept strictly confidential and are released only to those individuals named above.

I understand that I may also be randomly drug tested throughout the remainder of the school year.

(Student Name – Please Print) (Grade)

(Student Signature) (Date)

(Parent/Guardian Name – Print)

(Parent/Guardian Name Signature) (Date)

(Parent/Guardian Home Phone) (Parent/Guardian Work Phone) (Parent/Guardian Cell Phone)

I plan to participate in one of the following:

Athletic Program(s) **(Please list sport)** _____

Extra-Curricular Activities **(Please list)** _____

On-Campus parking _____

I am volunteering to be placed in the testing pool.



HANOVER PARK REGIONAL HIGH SCHOOL DISTRICT

Serving East Hanover Township, Florham Park Borough and Hanover Township
75 Mt. Pleasant Avenue · East Hanover, NJ 07936
Telephone (973)887-0320



HANOVER PARK HIGH SCHOOL
63 Mt. Pleasant Avenue
E. Hanover, N.J. 07936
(973)887-8137

WHIPPANY PARK HIGH SCHOOL
165 Whippany Road
Whippany, N.J. 07981
(973)887-4963

Date: _____

Dear Parent/Guardian:

This letter serves as written notification that your son/daughter _____ can/cannot (circle one) participate in sports for the following school year pursuant to N.J.A.C. 6A:16-2.2. Please be advised that this letter reflects the recommendation of the examining physician who **completed and signed** the Athletic Pre-Participation Examination Form (Parts A and B) submitted to the school on behalf of your son/daughter.

If your child is deemed unable to participate based on an incomplete form, please ensure that the original examining physician completes the form and returns it to the school to be reviewed for eligibility.

Thank you for your cooperation.

Sincerely,

School Physician