

Cape May County Technical High School
Medical Clearance to Participate in High School Sports and Intramural Sports:
New Jersey Administrative Code N.J.A.C.6A:16-2.2

Instructions for completing the medical clearance forms for sports:

1. **Preparticipation Physical Evaluation: HISTORY FORM** (Page 2 is required if your child has any special needs as indicated on form.)

Parent/Guardian AND Student must sign at the indicated areas.

2. **Preparticipation Physical Evaluation: Physical Examination Form** (2 pages)

MAKE SURE THAT A PHYSICIAN, NURSE PRACTITIONER OR CERTIFIED PHYSICIAN'S ASSISTANT ENTERS ALL INFORMATION ON THE PHYSICAL EXAMINATION FORM. DO NOT LEAVE ANY INFORMATION BLANK.

PRINT ATHLETES NAME: _____ **D.O.B.** ____/____/____ **Grade:** _____

Attached are my child's Preparticipation Physical Evaluations:

Health History (1 page)

...and if indicated for a child with a disability or other health problem:

- The Athlete with Special Needs Health History**

Physical Examination Forms (2 pages) –

Be sure the physician, APN or PA stamped/signed both pages:

“Physical Examination Form” and “Clearance Form”

Note: Two signatures are now required on page 2 “Clearance Form”.

(the Physical Exam statement AND the Cardiac Professional Development)

My child and I have completed and signed the following additional forms:

Student and Parent Consent Form

- Sign-Off Form – Consent for Drug Testing, Sudden Cardiac Death in Young Athletes, Sports Related Concussion - Head Injury Fact Sheet, and Sports Related Eye Injuries.**

Parent/Guardian: Submit this packet to the School Nurse.

If your child does not have health insurance or a medical provider please call the school nurse at 465-2161 ext. 658 to arrange for an appointment with the school physician. The school physician is available once each sport season so call early if you do not have health insurance. All attached forms must be completed except for the “Preparticipation Physical Evaluation: Physical Examination Form”.