

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**

MY CHILD HAS A SPORT PREPARTICIPATION PHYSICAL EXAMINATION FORM ON FILE.  
IT IS WITHIN 365 DAYS FROM THE START DATE OF HIS/HER SELECTED SPORT.

**PRINT**

ATHLETE'S NAME \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_

*Please Note: You and your child must still complete, sign and return the following forms:*

- Student and Parent Consent Form – required for each sport season**
- Health History Update Questionnaire – parent must complete another form if the medical examination was completed more than 90 days prior to the first practice session.**
- 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.**