**WASHINGTON TOWNSHIP HIGH SCHOOL**

**529 Hurffville - Cross Keys Road**

**Sewell, NJ 08080**

**(856) 589-8500**

**Department of Athletics - Department of Health Services**

**Parent/Guardian Submission Checklist for Sports Participation**

**Do you have…**

▢**MEDICAL ELIGIBILITY FORM (One page only)**

(This form will be submitted to the school after completion by students personal

 Healthcare Provider. Your child’s doctor’s office will keep the rest of the physical

 packet; ***health history and physical evaluation form.***)

▢**HHQ**

▢**ACTION PLANS** (ONLY if applicable)

* Asthma (Requiring an Inhaler)
* Allergy/Anaphylaxis (Requiring EPI-PEN)
* Seizure (Requiring Emergency Seizure rescue medication)
* Diabetic (Requiring Emergency rescue medication)

▢**CLEARANCES** (If applicable - Cardiac, Ortho, PCP, etc.- after illness or injury)

▢ If your student has suffered a concussion, they **MUST** complete all **Return To Play**

 steps, and be cleared by the Physician, and Athletic Trainers, before sports

 participation can be granted.

▢**REGISTER for sport on FAMILY ID**

Please keep all paperwork together, and submit to the

Athletics Department upon completion.

If you have any questions, please contact us.