



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 the 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.