

Monmouth Beach School
Health Office
Mrs. Gillick RN CSN
Tel. (732) 222-6139 x 256
Fax (732) 222-2395
gillick@mbschool.org

TO: Parent(s) and Guardian(s)
FROM: Mrs. Gillick- School Nurse
RE: Sports Physicals
Date: September 8, 2016

Sport Physical Requirements:

- The "History Form" must be completed and signed by the athlete and a parent/guardian.
- The "Physical Examination Form" and "Clearance Form" must be signed by a physician.
- The "Health History Update Questionnaire" is an interim form to be filled out by the parent/guardian for each sport if your child plays more than one sport and their physical is viable.
- The "Sports Related Concussion factsheet and Parent/Athlete Acknowledgement Form" are to be read and signed by parents/guardians and athletes.
- The "Sudden Cardiac Death in Young Athletes" fact sheets are to be read by the athlete and parent/guardian.
- The "Sports-Related Eye Injuries" are to be read and signed by parents/guardians and athletes.
- Any medication needed for the athlete must have a "Medication Form" completed by the doctor and medication provided to the nurse prior to clearance.
- Sports physicals are good for one year. The day that tryouts start is considered to be the day that the sport starts.
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All sports physicals are good for one year. Please call or email if you have any questions. Thank you for your cooperation. Sue Gillick RN CSN

**Monmouth Beach School
7 Hastings Place
Monmouth Beach, New Jersey 07750**

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TO: Parent(s) and Guardian(s)
FROM: Mrs. Gillick- School Nurse
RE: Sport Physical Permission Slip

Sports physicals by our school physician have been scheduled for _____.
If the student wishes to participate in this activity and would like the school to provide the necessary physical, **please sign the form below and return it to the health office by _____.** **Only those students who have the proper documentation and permission slip will be able to have the physical completed by Dr. Morgan.**

The state recommendation is to have your own physician provide the sports physical. Please provide both forms to the health office for Dr. Morgan's approval. If you have any questions, please feel free to email me at gillick@mbschool.org or call.

Sincerely,
Susan Gillick RN CSN

Monmouth Beach School

I hereby give the Monmouth Beach School permission to provide a sports physical for my child _____.

Parent/Guardian Signature _____

Date _____