



CEDAR HILL PREPARATORY SCHOOL

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The State of New Jersey now requires that all physicians, advanced practice nurses (APN), or physicians assistants (PA) performing a sports physical examination, must complete the professional development module (PD module) prior to performing any sports physicals.

In order to expedite the clearance procedure of this athletic physical, please be sure and sign the bottom of the clearance form that you have completed the Cardiac Assessment Professional Development Module.

If your child's doctor has not completed this assessment, the physical will not be accepted.

Registration for the fall athletic season will take place during the week of September 9th in the nurse's office. Please have your child stop in the nurse's office for the appropriate forms. All forms can also be downloaded from the school's website under Athletics. If you have a physical scheduled before Sept 9th, please contact the appropriate nurse for the forms needed. If your child's physician has prescribed an Epi Pen for your child's allergy, you must submit a completed allergy action plan form with the sports paperwork prior to the start of the sports season. Your child will not be allowed to participate if this form is not completed by your physician and submitted to the health office.

MIDDLE SCHOOL FALL SPORTS

All forms are due by September 9th for the Fall Athletic Season. Please hand only fully completed forms. All forms must be submitted directly to the nurse so they can be reviewed thoroughly before being accepted as complete.

Any form handed in after September 9th may result in your child not being cleared in time for the first day of practice. Our school physician has to review and sign all physical and history forms before the student is "officially cleared." Please keep this in mind and get your forms in ASAP. Your consideration in this matter is greatly appreciated.

If you have any questions, please contact the Athletic Department and or the School Nurse.

Athletic Department:

William Rooney - brooney@cedarhillprep.com

Courtney Tierney - ctierney@cedarhillprep.com

School Nurse:

nurse@cedarhillprep.com

ATHLETIC PARENTAL CONSENT FORM

Student's Name _____ Sex: Male / Female (Circle one)
Grade: _____ Sport _____ DOB _____ Age _____
Doctors Name _____ Doctors Number _____
Parent /Guardian _____ Relationship to Student _____
Work Phone _____ Home Phone _____ Cell Phone _____
Additional Contact _____ Relationship to Student _____
Work Phone _____ Home Phone _____ Cell Phone _____

ATHLETIC CONSENT

I/we hereby give consent to my son/daughter to participate in the above listed interscholastic sports program during the above listed school year. I/we also give permission for **EMERGENCY MEDICAL TREATMENT** by the team physician, school nurse, athletic trainer, hospital, and allied medical personnel for conditions arising in athletics. I/we realize that such activity involves the potential for injury that is inherent in all sports. I/we acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of school rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis or even death. I/we acknowledge that I/we have read and understand this warning. Further, I/we will not hold Cedar Hill Prep School, or its representatives responsible in any way for injuries that may occur to my son/daughter because his/her participation in this sport listed above. I/we also give permission for medical information regarding my son/daughter to be shared between the school's nurse, athletic trainer, athletic director, and coach.

Signature of Parent or Guardian

Date

INSURANCE

The Parents/students health insurance must be used first, as the primary accident insurance in the event of any injury to satisfy the claim. The Cedar Hill Prep School accident insurance policy will act as excess over any existing policy, and pick up reasonable and customary medical expenses over and above your coverage subject to an annual \$500 deductible, and subject to the policy restrictions, limitations, exclusions and timely reporting requirements. A claim form, which can be obtained from the school nurse, must be filed in the event of any accidental injury. Filing a claim form immediately and completely will assist in prompt claims service. I have read and understand the procedure outlined to be used in case of an accident. Also, I understand that my accident insurance is "primary" coverage, and that coverage provided by Cedar Hill Prep School is strictly "Excess Basis".

Signature of Parent or Guardian

Date

ATHLETIC PARENTAL CONSENT FORM

N.J.S.A.A. CONCUSSION POLICY ACKNOWLEDGEMENT FORM

We have received and reviewed the N.J.S.A.A. concussion policy acknowledgment form and understand the facts, signs and symptoms of a concussion, as well as the basic guidelines for the concussion management protocol.

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

SUDDEN CARDIAC DEATH BROCHURE

We have received and reviewed the sudden cardiac death in young athletes pamphlet and understand the basic facts of sudden cardiac death in young athletes. We are also aware of additional resources available on this subject from the American Heart Association (www.heart.org) and the Hypertrophic Cardiomyopathy Association (www.4hcm.org).

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

MEDIA COVERAGE

I hereby grant permission for the release of videotapes, audio recordings, and photographs that could identify my child by name, to the school and the media for the use in various media outlets including but not limited to news stories, websites and social media outlets, as it pertains to my child and Cedar Hill Prep School Athletics. I also grant permission for my child to be interviewed by the school and the media as it pertains to Cedar Hill Prep School Athletics.

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

CEDAR HILL PREP SCHOOL FALL ATHLETIC FORMS CHECKLIST

FORMS ARE DUE NO LATER THAN SEPTEMBER 10TH

FORMS YOU WILL NEED:

1. **Athletic Parental Consent Form** (2 pages) - Required for each sports season.
2. **Either a Physical Evaluation Form** - Required once per year.

OR

3. **A Health History Update Form** - Required for each sports season when you are not submitting a new physical. When you register with the nurse, they will inform you whether you need to complete the physical evaluation form or the health history update form.
4. **Allergy Action Plan Form** - Required once per year **ONLY** if your child's physician has prescribed an Epi Pen for your child's allergy.

ACTIVITY FEE:

The \$150 is required for participation in sports for athletes in grades 5th - 8th. For more information and the registration form, please visit www.cedarhillprep.com

DOCUMENTS YOU WILL NEED TO REVIEW:

The documents listed below must be reviewed by the parent/guardian and athlete. These documents can be found on the Athletic section on the school's website. www.cedarhillprep.com

- Sudden Cardiac Death Pamphlet
- Athletic Insurance Information
- NJSIAA Concussion Fact Sheet

FORMS LISTED BELOW NEED TO BE RETURNED TO THE NURSE BY THE DUE DATE ABOVE

Physical Evaluation Form or Health History Update Form (Depending on which form the nurse requires you to complete).

Athletic Parental Consent Form.

If you are having trouble viewing or printing any form or document, please stop in the nurse's office or the athletic office and we will provide them for you.