

Name: (Print) Last _____, (First) _____

Athletic Injury Update Form

Dear Parent/ Guardian:

In compliance with New Jersey state code (6A:16-2.2), we are required to request an update of your child's medical history from one athletic season to the next. This is in addition to, **but not in place of**, the state athletic physical that you already have had performed. Please take a moment and list **any injuries and medical conditions** that your child has undergone since their last athletic season. **Please anticipate this form for every season that your child joins a sport.**

If **no injuries**, please check and sign at the bottom.

All athletes must return this form to participate!

Thank you for your cooperation and support of our athletic program. If you feel the need to provide essential details, please contact our nurse, Linda Stewart (856-456-7000 at EXT. 1521) or myself (EXT 1765) at your convenience.

Sincerely,
Linda Stewart, R.N.
Bill McLaughlin, M.A., A.T.,C.

Injury/Condition	Date	Details (if any)

By signing below, you indicate that your child has not sustained any injuries since or during their prior athletic season with the Gloucester City School system.

Check box and sign _____ Date: _____