

HOPATCONG HIGH SCHOOL  
ATHLETIC DEPARTMENT

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## RENEWAL FORM

Dear Parent/Guardian:

Step 1 – PLEASE COMPLETE

Please fill out and return **ALL** completed forms within this packet to the Main Office in order to be processed by the school nurse and athletic office.

Step 2 – READ ONLY (DO NOT PRINT THESE FORMS)

Please read:

- NJSIAA Covid-19 Protocol
- NJSIAA Concussion Policy
- Hopatcong BOE Concussion Policy
- HHS Concussion Protocol
- Hopatcong BOE Random Drug Testing Policy
- NJSIAA Steroid Testing Policy
- Sudden Cardiac Death in Young Athletes Information
- Sports-Related Eye Injuries Information
- Opioid Use and Misuse Information

By signing below, I acknowledge I have completed, read, and understand all information stated in Step 1 and Step 2 above.

\_\_\_\_\_  
Print Student/Athlete Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Print Parent Name

\_\_\_\_\_  
Date

*upheld:*  
4/24/23

Last Physical Date \_\_\_\_\_

Nurse \_\_\_\_\_  
Guidance \_\_\_\_\_ # \_\_\_\_\_  
AD \_\_\_\_\_

**HOPATCONG HIGH SCHOOL  
ATHLETIC PARTICIPATION FORM / UPDATE**

ATHLETE'S NAME: \_\_\_\_\_ GRADE \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

I hereby consent for my child to compete in \_\_\_\_\_ for the 20\_\_\_\_ season.  
**SPORT**

I give my permission for him / her to practice, play, and travel as a member of this team. I realize that such activities involve the potential of injury. I acknowledge that even with the best coaching, the most advanced protection equipment, and strict observation of rules, injuries can be severe.

I also realize that when medical attention is necessary, the Hopatcong Board of Education insurance may only pay for the portion not covered by my insurance company. ("In Excess Policy")

My insurance company is \_\_\_\_\_

Policy Number: \_\_\_\_\_

If, for some reason, I lose my insurance coverage, I will notify the school at once in writing of this loss of coverage.

My son / daughter has had the following medical problems since his / her last physical.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

(Parent / Guardian)

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

I understand that in order to participate in \_\_\_\_\_ I must:  
**SPORT**

1. Have passed a comprehensive medical examination given by the school's physician or my family doctor.
2. Have on file with the School Nurse written proof of this medical examination.
3. Have read the Hopatcong Athletic Handbook and will abide by all rules and regulations explained in the handbook.
4. Be academically eligible in accordance with Hopatcong High School and State regulations (refer to Handbook).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

**New Jersey Department of Education  
Health History Update Questionnaire**

Name of School: \_\_\_\_\_

To participate on a school-sponsored interscholastic or intramural athletic team or squad, each student whose physical examination was completed more than 90 days prior to the first day of official practice shall provide a health history update questionnaire completed and signed by the student's parent or guardian.

Student: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Last Physical Examination: \_\_\_\_\_ Sport: \_\_\_\_\_

Since the last pre-participation physical examination, has your son/daughter:

1. Been medically advised not to participate in a sport? Yes  No

If yes, describe in detail:

2. Sustained a concussion, been unconscious or lost memory from a blow to the head? Yes  No

If yes, explain in detail:

3. Broken a bone or sprained/strained/dislocated any muscle or joints? Yes  No

If yes, describe in detail:

4. Fainted or "blacked out?" Yes  No

If yes, was this during or immediately after exercise?

5. Experienced chest pains, shortness of breath or "racing heart?" Yes  No

If yes, explain

6. Has there been a recent history of fatigue and unusual tiredness? Yes  No

7. Been hospitalized or had to go to the emergency room? Yes  No

If yes, explain in detail

8. Since the last physical examination, has there been a sudden death in the family or has any member of the family under age 50 had a heart attack or "heart trouble?" Yes  No

9. Started or stopped taking any over-the-counter or prescribed medications? Yes  No

10. Been diagnosed with Coronavirus (COVID-19)? Yes  No

If diagnosed with Coronavirus (COVID-19), was your son/daughter symptomatic? Yes  No

If diagnosed with Coronavirus (COVID-19), was your son/daughter hospitalized? Yes  No

Date: \_\_\_\_\_ Signature of parent/guardian: \_\_\_\_\_

**Please Return Completed Form to the School Nurse's Office**

9/28/22

**Cuestionario de actualización del historial médico del Departamento de Educación de Nueva Jersey**

Nombre de Escuela: \_\_\_\_\_

Para participar en un equipo o escuadrón atlético interescolar o intramuros patrocinado por la escuela, cada estudiante cuyo examen físico se completó más de 90 días antes del primer día de práctica oficial deberá proporcionar un cuestionario de actualización del historial médico completado y firmado por el padre o tutor del estudiante.

Estudiante: \_\_\_\_\_ Edad: \_\_\_\_\_ Grado: \_\_\_\_\_

Fecha del último examen físico: \_\_\_\_\_ Deporte: \_\_\_\_\_

Desde el último examen físico previo a la participación, ¿su hijo / a:

1. ¿Se le ha recomendado médicamente que no participe en un deporte? Si  No

En caso afirmativo, describa en detalle:

\_\_\_\_\_

2. ¿Ha sufrido una conmoción cerebral, ha estado inconsciente o ha perdido la memoria por un golpe en la cabeza?

Si  No

En caso afirmativo, explique en detalle:

\_\_\_\_\_

3. ¿Se ha roto un hueso o se ha torcido / dislocado / dislocado algún músculo o articulación?

Si  No

En caso afirmativo, describa en detalle:

\_\_\_\_\_

4. ¿Desmayado? Si  No

¿En caso afirmativo, fue durante o inmediatamente después del ejercicio?

\_\_\_\_\_

5. ¿Dolor en el pecho, dificultad respiratoria o "corazón acelerado?" Si  No

En caso afirmativo, describa:

\_\_\_\_\_

6. ¿Ha habido antecedentes recientes de fatiga y cansancio inusual? Si  No

7. ¿Ha sido hospitalizado o ha tenido que ir a urgencias? Si  No

Si es sí, explíquelo en detalle:

\_\_\_\_\_

8. Desde el último examen físico, ¿ha habido una muerte súbita en la familia o algún miembro de la familia menor de 30 años ha tenido un ataque cardíaco o "problemas cardíacos"? Si  No

9. ¿Comenzó o dejó de tomar algún medicamento recetado o de venta libre? Si  No

10. ¿Le han diagnosticado Coronavirus (COVID-19)? Si  No

Si se le diagnosticó Coronavirus (COVID-19), ¿su hijo/a tuvo síntomas? Si  No

Si le diagnosticaron Coronavirus (COVID-19), ¿fue hospitalizado su hijo/a? Si  No

Fecha: \_\_\_\_\_ Firma del padre / tutor: \_\_\_\_\_

Devuelva el formulario completo a la enfermería de la escuela.

HOPATCONG HIGH SCHOOL  
Hopatcong, New Jersey

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TO: Parents/Guardians of Students Representing Hopatcong High School in  
Athletics/Activity Programs

It is exceedingly difficult to obtain medical services for students injured when competing without first obtaining written parental/guardian consent. So that proper emergency assistance may be provided, we ask that you review the following statement, sign it, and return it to the faculty member in charge. It should be understood that if this form is not signed by the parent/guardian, in the event medical attention/hospitalization is necessary, the faculty member or designee shall attempt to locate the parent/guardian and, absent an emergency, treatment may not be rendered.

I hereby authorize the Hopatcong Borough School District and its faculty members in charge of my child named below, to obtain all necessary medical care for my child, and I hereby authorize my licensed physician and/or medical personnel to render all necessary medical treatment to my child.

\_\_\_\_\_  
(Student's Name)

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

Family Doctor \_\_\_\_\_

Doctor's Phone # \_\_\_\_\_

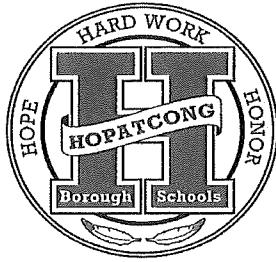
Parent's Phone # \_\_\_\_\_ Alternate # \_\_\_\_\_

This student's allergies, medical problems, or medications are:

\_\_\_\_\_

\_\_\_\_\_

This is a voluntary form. The parent/guardian does not have to complete this form in order for the student to participate.



## Hopatcong Borough Schools

Stephanie Martinez, Principal

Hopatcong High School

973-770-8850

### Consent to Participate in Random Testing for Student Alcohol or Other Drug Use Program

Student Name (Please Print) \_\_\_\_\_ Grade \_\_\_\_\_

We hereby consent to permit the above named student to participate in the **Random Testing for Student Alcohol or Other Drug Use Program** as approved by the Hopatcong School District. In issuing consent, we permit the student above named to undergo saliva testing for the presence of alcohol or other drugs as outlined in district policy.

We understand that a qualified vendor will oversee the collection process.

We understand that any saliva samples will be sent only to a certified laboratory for testing and that the samples will be coded to provide confidentiality.

We hereby give consent to the vendor selected by the Hopatcong School District to perform saliva testing for the presence of alcohol or other drugs as named in district policy.

We further give permission to the vendor selected by the Hopatcong School District to release all results of these tests to the Medical Review Officer working for the vendor. We understand these results will be forwarded to the Building Principal and will also be made available to us.

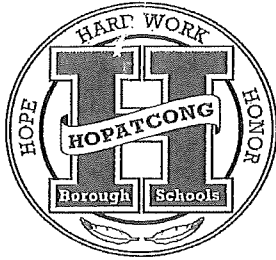
We understand that this consent agreement will be in effect for a period of twelve months from the date listed below.

We understand that the analysis of the specimen conducted will include the following substances and be based on the following levels. See: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5330962/> and <https://www.alliance2020.com/wp-content/uploads/Drug-Testing-Cutoff-Levels.pdf> and <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6807119/> Although the below table identifies the normal set of drugs tested, Policy 5536 suggests this list can be limited when the sample size must be expanded.

Substance	Screen/Initial Level	Confirmation Level
AMPHETAMINES	500 ng/ml	250 ng/ml
COCAINE METABOLITE	300 ng/ml	150 ng/ml
ETHANOL	40 ng/ml	21 ng/ml
MARIJUANA METABOLITE	50 ng/ml	20 ng/ml
OPIATES	2000 ng/ml	2000 ng/ml
OXYCODONES	100 ng/ml	50 ng/ml
PHENCYCLIDINE	25 ng/ml	25 ng/ml

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Hopatcong Borough Schools

Stephanie Martinez, Principal

Hopatcong High School

973-770-8850

### Consentimiento para participar en pruebas aleatorias para el programa de uso de alcohol u otras drogas para estudiantes

Nombre del estudiante (letra de imprenta) \_\_\_\_\_ Grado \_\_\_\_\_

Por la presente damos nuestro consentimiento para permitir que el estudiante mencionado anteriormente participe en las **Pruebas aleatorias para el programa de consumo de alcohol u otras drogas de los estudiantes** según lo aprobado por el Distrito Escolar de Hopatcong. Al emitir el consentimiento, permitimos que el estudiante mencionado anteriormente se someta a pruebas de saliva para detectar la presencia de alcohol u otras drogas, como se describe en la política del distrito.

Entendemos que un proveedor calificado supervisará el proceso de recolección.

Entendemos que cualquier muestra de saliva se enviará sólo a un laboratorio certificado para su análisis y que las muestras se codificarán para brindar confidencialidad.

Por la presente damos consentimiento al proveedor seleccionado por el Distrito Escolar Hopatcong para realizar pruebas de saliva para detectar la presencia de alcohol u otras drogas como se indica en la política del distrito.

Además, damos permiso al proveedor seleccionado por el Distrito Escolar de Hopatcong para divulgar todos los resultados de estas pruebas al Oficial de Revisión Médica que trabaja para el proveedor. Entendemos que estos resultados se enviarán al director del edificio y también estarán disponibles para nosotros.

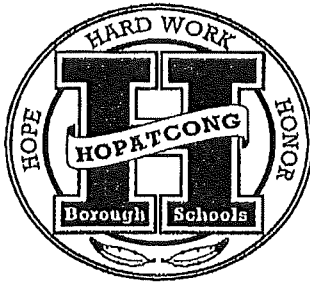
Entendemos que este acuerdo de consentimiento estará vigente por un período de doce meses a partir de la fecha que se indica a continuación.

Entendemos que el análisis del espécimen realizado incluirá las siguientes sustancias y se basará en los siguientes niveles. Ver: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5330962/> y <https://www.alliance2020.com/wp-content/uploads/Drug-Testing-Cutoff-Levels.pdf> y <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6807119/> Aunque la siguiente tabla identifica el conjunto normal de medicamentos analizados, la Política 5536 sugiere que esta lista puede limitarse cuando se debe ampliar el tamaño de la muestra.

Sustancia	Pantalla/Nivel inicial	Nivel de confirmación
ANFETAMINAS	500ng/ml	250ng/ml
METABOLITO DE COCAÍNA	300ng/ml	150ng/ml
ETANOL	40ng/ml	21ng/ml
METABOLITO DE LA MARIHUANA	50ng/ml	20ng/ml
OPIÁCEOS	2000ng/ml	2000ng/ml
OXICODONAS	100ng/ml	50ng/ml
FENCICLIDINA	25ng/ml	25ng/ml

Firma del estudiante: \_\_\_\_\_ Fecha: \_\_\_\_\_

Firma de los padres: \_\_\_\_\_ Fecha: \_\_\_\_\_



## **HOPATCONG BOROUGH SCHOOLS**

**HOPATCONG HIGH SCHOOL**  
PO BOX 1029  
HOPATCONG, NEW JERSEY 07843  
(973) 398-8803

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**STEPHANIE MARTINEZ**  
PRINCIPAL

### **Use and Misuse of Opioid Drugs Fact Sheet**

#### **Student-Athlete and Parent/Guardian Sign-Off**

In accordance with N.J.S.A. 18A:40-41.10, public school districts, approved private schools for students with disabilities, and nonpublic schools participating in an interscholastic sports program must distribute this *Opioid Use and Misuse Educational Fact Sheet* to all student-athletes and cheerleaders. In addition, schools and districts must obtain a signed acknowledgement of receipt of the fact sheet from each student-athlete and cheerleader, and for students under age 18, the parent or guardian must also sign.

This sign-off sheet is due to the Main Office prior to the first official practice session of the athletic season and annually thereafter prior to the student-athlete's or cheerleader's first official practice of the school year.

Name of School: **Hopatcong High School**

Name of School District (if applicable): **Hopatcong Borough Schools**

I/We acknowledge that we received and reviewed the Educational Fact Sheet on the Use and Misuse of Opioid Drugs.

Student Signature: \_\_\_\_\_

Sport: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Signature: (also needed if student is under age 18): \_\_\_\_\_

Date: \_\_\_\_\_



[El Departamento de Educación de Nueva Jersey elaboró, en enero de 2018, esta plantilla del Formulario de confirmación para los alumnos atletas con el objetivo de ayudar a las escuelas a adherirse a la ley estatal que requiere que los alumnos atletas (y sus padres o tutores si el alumno es menor de edad) confirmen que recibieron una Ficha informativa sobre opioides de la escuela. Los distritos escolares, las escuelas privadas aprobadas para alumnos con discapacidades y las escuelas no públicas que participan en un programa interescolar de deportes o de porristas deben insertar aquí el membrete del distrito o de la escuela.]

## Ficha informativa sobre el consumo y el abuso de medicamentos opioides

Firma del alumno atleta y del padre, madre o tutor

En conformidad con el Título 18A, Artículos 40-41.10 de las Leyes comentadas de Nueva Jersey (New Jersey Statutes Annotated, N.J.S.A.), los distritos escolares públicos, las escuelas privadas aprobadas para alumnos con discapacidades y las escuelas no públicas que participan en un programa deportivo interescolar deben distribuir esta Opioid Use and Misuse Educational Fact Sheet (Ficha informativa educativa sobre el consumo y el abuso de opioides) a todos los alumnos atletas y porristas. Además, las escuelas y los distritos deben obtener un acuse de recibo firmado de la ficha informativa de cada alumno atleta y porrista; en el caso de los alumnos menores de 18 años, también debe firmar el padre, la madre o el tutor.

El personal escolar adecuado necesita este formulario de confirmación de acuerdo con lo determinado en su distrito antes de la primera sesión de práctica oficial de la temporada atlética de la primavera de 2018 (2 de marzo de 2018, según lo determina la Asociación Atlética Interescolar del Estado de Nueva Jersey) y, a partir de entonces, de forma anual, antes de la primera práctica oficial del año escolar del alumno atleta o porrista.

Nombre de la escuela: \_\_\_\_\_

Nombre del distrito escolar (si corresponde): \_\_\_\_\_

Reconozco (reconocemos) que he (hemos) recibido y revisado la Ficha informativa educativa sobre el consumo y el abuso de medicamentos opioides.

Firma del (de la) alumno(a): \_\_\_\_\_

Firma del padre, madre o tutor (también es necesaria si el alumno es menor de 18 años)

\_\_\_\_\_

Fecha: \_\_\_\_\_

<sup>1</sup>No incluye clubes deportivos ni eventos internos.