



| FORMS TO DOWNLOAD, PRINT, SIGN & UPLOAD ON MAGNUS | REQUIRED FOR | SIGNED BY |
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| Immunization Records – Due June 8th <i>NJ requires 1 dose of TDAP vaccine after age 10 and 1 dose of Meningococcal Vaccine.</i> | All Students <i>We do NOT accept religious exemptions.</i> | Physician |
| Health Examination Form | All Students | Physician |
| Food Allergy Action Plan | Students with Allergies | Physician |
| Diabetic Action Plan | Students with Diabetes | Physician |
| Seizure Action Plan | Students with Seizure disorders | Physician |
| Permission to Self-Medicat e | Students who carry an Epi-pen, Inhaler or other medication | Physician & Parent |
| Athletic Pre-Participation Form Page 1: History, Page 2: Physical Evaluation (exam date within 365 days of first practice), Page 3: Clearance Form | Student Athletes | Page 1 - Parent & Student Page 2 - Physician Page 3 - Physician |
| Cardiac Death in Young Athletes Sign Off Sheet | Student Athletes | Parent & Student |
| Sports Related Concussions and Head Injuries | Student Athletes | Parent & Student |
| Sports Related Eye Injury Pamphlet | Student Athletes | Parent |
| Opioid Use and Misuse Educational Fact Sheet Acknowledgement Form | Student Athletes | Parent & Student |

| FORMS TO COMPLETE ELECTRONICALLY ON MAGNUS | REQUIRED FOR |
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| Vital Health Record – Due June 8th | All Students, updated annually |
| Over-the-Counter Medication Form | All Students |
| Consent to Treat and Trip Permission Slip | All Students |
| PR Release | All Students |
| iPad Hardware and Usage Agreement | All Students |
| Permission for Students to Participate in Surveys | All Students |
| Guidance Survey | All Students (available at start of school year) |
| Health Screenings Waiver | All Students Annually (available at time of screenings) |