

WARREN HILLS REGIONAL HIGH SCHOOL

Michael Jones
Director of Athletics &
Student Activities

41 Jackson Valley Road
Washington, New Jersey 07882

Phone 908-689-3050
Fax 908-689-9640



Earl C. Clymer, III
Superintendent

Christopher Kavcak,
Principal

www.warrenhills.org

In order to participate in Athletics, a pre-existing condition form must be on file with the school. If you have any pre-existing conditions, please have this form filled out by your physician overseeing your care. Pre-existing conditions include, but are not limited to, asthma, diabetes, cardiovascular, sickle cell anemia, autoimmune disorders, mental health disorders, ADHD/ADD treatments and medication, testosterone treatment via medications, etc.

**** You will need one form for each medical condition. Please make copies and attach as needed.**

Athletic Name: _____ Date: _____

Sport: _____ Date of Birth: _____ Grade 7-8-9-10-11-12 (circle)

Medical Condition: _____

PHYSICIAN NAME: _____

Physician Address: _____ Physician Telephone: _____

Physician Signature: _____ DATE: _____

Please check one of the boxes below if the athlete may participate in athletics at WHRHS and WHRMS.

Cleared to participate in athletics at WHRHS or WHRMS with **NO LIMITATIONS**.

Cleared to participate in athletics at WHRHS or WHRMS with **LIMITATIONS**.



Physician Office Stamp if this form. If is not completed by the athlete's physician (not a nurse practitioner or physician's assistant), then the form will not be accepted, and the athlete will not be allowed to participate in athletics. If this form is not stamped by your medical office, it will not be accepted.

Parent Signature: _____ Date: _____

Athlete Signature: _____ Date: _____

The Warren Hills Regional School District challenges and empowers a dynamic, diverse student body in a supportive learning environment by providing academic and co-curricular opportunities to become successful, productive members of the global community.