



Edison High School

50 Boulevard of Eagles

Edison, New Jersey 08817

Telephone: (732)650-5200

ATHLETIC ACKNOWLEDGMENT AND CONSENT FORMS

Student's Name (print):__

Grade:_____

Gender: M F

Sport:_____

It is important that Edison High School and parents work together to maintain the safety of our student athletes.

Please read the Permission Form for Interscholastic Athletics (Form 14B), Student Accident Insurance and the Comprehensive Insurance Form. Also, with the forms on Sports-Related Concussion and Head Injury Fact Sheet, Sudden Cardiac Death Acknowledgement Pamphlet, NJSIAA Steroid Testing Policy/Banned Drugs and the Student Athlete/Parent Athletic Handbook. Please fill out all the information on the top and bottom of this page and initial all spaces that you have read and understand the information provided. Return this form with the completed physical forms. If you have any questions, please contact the athletic office at 732-650-5200 x35261.

PARENTS PLEASE INITIAL:

- _____ 1. I have read and understand the Permission Form for Interscholastic Sports, along with the [Student Accident Insurance and the Comprehensive Insurance Forms. \(Form 14B\)](#)
- _____ 2. I have read and understand the [Sports-Related Concussion and Head Injury Fact Sheet.](#)
- _____ 3. I have read and understand the [Sudden Cardiac Death Acknowledgement Pamphlet.](#)
- _____ 4. I have read and understand the [NJSIAA Steroid Testing Policy/Banned Drugs.](#)
- _____ 5. I have read and understand the [Opioid Use and Misuse Educational Fact Sheet.](#)
- _____ 6. I have read and understand the [Student Athlete/Parent Athletic Handbook.](#)
- _____ 7. I have watched and understand the [Opioid Educational Video.](#)

Student Signature:_____

Date:_____

Parent/Guardian's Signature:__

Date:_____

PLEASE RETURN THIS SHEET ALONG WITH ALL YOUR MEDICAL FORMS COMPLETED