



Mount Saint Dominic Academy

3 Ryerson Avenue, Caldwell, NJ 07006
 973-226-0660 Fax 973-226-2693

ATHLETIC-MEDICAL PERMIT FORM

Student's Name			
Birthdate ____/____/____	Age	Grade	
Parent/Guardian			
Address			
Town	State	Zip	Phone ()

Past Medical History (include illnesses and surgeries, i.e., heart, kidney, seizures, fractures, operations)
Allergies

Physician's Examination

Date		
Weight	Height	B/P
Pulse	Skin	Lungs
Ear/Nose/Throat		
General Fitness		
Is the student physically fit to engage in:		
Physical Education Classes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Interscholastic Athletics	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Limitations, if any		
Comments		
_____		(____) _____
Physician's Signature		Phone

Emergency Permission

As parent or guardian of the above named student, I give my permission to the authorities of Mount Saint Dominic Academy to initiate or seek emergency care should she become sick or injured. To the hospital I grant permission for the performance of such operations and/or procedures and/or medications and/or anesthesia as are deemed necessary in a life-threatening situation, also to release this record requested by a professional individual.

Signature of Parent/Guardian

Date

Insurance Information	
Company	Policy #

Company

Policy #

Interscholastic Athletic Form

Student's Name _____

Parental Permission:

I, the undersigned parent/guardian, hereby give to the above named student permission to try out, practice and compete in the Interscholastic Athletic Program at Mount Saint Dominic Academy. Realizing that such activity involves the potential for injury which is inherent in all sports, I acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of all rules, injuries are still a possibility. On rare occasions, these injuries can be severe enough to result in paralysis, brain injuries, total disability or even death. I acknowledge that I have read and understand this warning.

I agree that Mount Saint Dominic Academy shall not be liable financially or otherwise, for any physical injury of any sort sustained by the above named student while traveling to or from practice or competition, or while practicing for or competing in the Interscholastic Program.

I agree to guarantee the return of any and all school property and equipment issued to the students, or to compensate Mount Saint Dominic Academy for such property or equipment that is not returned except where such material has been damaged or destroyed by actual use in practice or competition.

Signature of Parent/Guardian

Date

Person to be contacted in the event of an emergency, if neither parent can be reached:

Name	Home Phone : ()
	Business Phone : ()
	Cell Phone : ()
Name	Home Phone : ()
	Business Phone : ()
	Cell Phone : ()