

MOUNTAIN LAKES HIGH SCHOOL ATHLETIC EMERGENCY CARD
I hereby give my permission for inter-scholastic athletic program participation to:

Name _____ Grade _____ Home Phone _____

Address _____ Sport Approved _____

Father's Name _____ Business Address _____ Phone _____

Mother's Name _____ Business Address _____ Phone _____

Student's Physician _____ Address _____ Phone _____

Hospital Preferred _____ Address _____

Sports Physical Date _____ Physical Re-Evaluation Date _____

Chronic Medical Conditions _____

Allergies _____ Allergy Medications _____

Daily Medications _____

Medical Physician's Recommendations _____

Describe any Illness or Injury Since Last Sports Activity _____

Parent's Signature _____ School Nurse's Signature _____