

# ATHLETIC PHYSICALS for SPRING 2010 SPORTS

PHYSICALS WILL BE COMPLETED BY OUR SCHOOL DOCTOR ONLY FOR STUDENTS WHO DO NOT HAVE THEIR OWN DOCTOR!!!

\*\*\*\*\*ONE TIME ONLY\*\*\*\*\*

**THURSDAY February 11 th**  
**2:33 pm- 4:30 pm**  
main building health office

ALL STUDENTS MUST BRING A COMPLETED AND SIGNED HEALTH HISTORY QUESTIONNAIRE, NJSIAA STEROID FORM, CODE OF CONDUCT AND THE PERMISSION FORM BELOW SIGNED BY PARENT!

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I GIVE PERMISSON FOR \_\_\_\_\_ TO BE EXAMINED BY THE SHOOL PHYSICIAN FOR PARTICIPATION IN MONTCLAIR HIGH SCHOOL ATHLETICS. I UNDERSTAND THAT THE SCHOOL PHYSICIAN MAY REQUIRE CLEARANCE FROM A PRIVATE DOCTOR FOR ANY MEDICAL FINDING THAT HE DEEMS NECESSARY.

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PARENT/CAREGIVER SIGNATURE

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TELEPHONE NUMBER

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DATE