

NOOKSACK VALLEY MIDDLE SCHOOL
Sport Clearance Card

Student name: _____

Address: _____

Grade: _____ Birthday: _____

Parent Guardian: _____

Home #: _____ Cell#: _____

Doctor: _____ Phone: _____

Parent email: _____

Emergency Contact: _____

Emergency Phone: _____

Medical issues/Allergies: _____

Should my son/daughter require emergency medical treatment and our emergency contact person(s) cannot be reached, I give permission for the school to seek emergency treatment and/or transport him/her to the nearest hospital for treatment.

Parent/Guardian Signature: _____

Office Use:

_____ has cleared in the office

and is eligible to participate in _____.

____ ASB ____ No Fines ____ Physical

____ Waiver ____ C. Code ____ Concuss/Cardiac ____ Insur.

Office Staff