



**NORTH HUNTERDON HIGH SCHOOL HEALTH OFFICE**  
1445 Route 31, Annandale, NJ 08801

**PARENT PERMISSION/ AUTHORIZATION FOR EMERGENCY TREATMENT**

I understand that my son/daughter desires to participate in the activity, intramural or sport named above at North Hunterdon High School. 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 rules, injuries can be so severe as to result in total disability, paralysis or even death. I have read and understand this warning and I hereby give permission for my son/ daughter to participate.

1. **I hereby give permission for Emergency Medical treatment by the team physician, school nurse, certified athletic trainer and/ or allied medical personnel for conditions arising in athletics/intramural and school related activities. This may include, but not be limited to, initial diagnostic X-rays and other procedures as the attending physician may deem necessary for the preservation of health.**
2. I certify that if my son/ daughter has sustained or incurred any injuries, illness or other health problems that may affect participation in athletics/intramurals since their physical examination, it is reported in the Medical History on pages A1-A3 or to the nursing staff or athletic trainers. I attest this information is complete and accurate.
3. I hereby acknowledge and understand that any and all athletic equipment issued to my son/ daughter for use as a member of the athletic/intramural team is the property of the North Hunterdon Voorhees High School District Board of Education. Upon completion of their season, I agree to have all issued equipment returned or pay the replacement cost of such equipment.
4. **I have read the North Hunterdon-Voorhees High School District “Student Athlete Disciplinary Code” in the North Hunterdon High School Parent/Student Handbook and agree to abide by the code.**
5. I hereby state, that to the best of my knowledge, my answers to all questions on pages 1, 2. and 3.of this form are correct as of the date entered below.
6. I give permission for the information contained in this packet to be shared with appropriate staff, coaches, trip chaperones and transportation personnel for the safety and welfare of my child.

Forms available in Health or Athletic Office or WEB SITE [www.nhvweb.net/nhhs](http://www.nhvweb.net/nhhs) on the Health Office page.

Health Office: Phone: 908-713-4171 Fax: 908-713-4403

Nurse's e-mail: [cfumosa@nhvweb.net](mailto:cfumosa@nhvweb.net) or [gkorman@nhvweb.net](mailto:gkorman@nhvweb.net)

Athletic Trainer's e-mail: [wiehl@nhvweb.net](mailto:wiehl@nhvweb.net) or [kkorbul@nhvweb.net](mailto:kkorbul@nhvweb.net)

**MAIL OR DELIVER ALL FORMS TO THE HEALTH OR ATHLETIC OFFICE (REV 5/10)**