

Montclair State University  
**Department of Athletics and Recreation**  
Health Requirements Form  
Immunization, Health History, Consent

As required by the Policy for the Protection of Minors on Campus, any minor under the age of 18 that is not a matriculated student of the University must be documented by the University and have emergency contact information on file. Please complete the following form for each participant of an outside program utilizing facilities and/or programs of Montclair State University. Parents/Guardians will only be contacted in the event of a closure of the facility or an emergency directly related to the minor. Please complete for each child.

Child's Name: \_\_\_\_\_ Child's D.O.B. \_\_\_\_\_

Parent/Guardian **Print** Name: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_

Participant Immunization Record:

I have reviewed my child's immunization record and hereby certify that to the best of my knowledge, the immunization requirements are up to date according to the New Jersey Department of Health Vaccine Preventable Disease Program for K-12 students.

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Parent/Guardian **Signature**

Date

Medication:

“Medication” is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies.

Medications required by a minor may be self-administered, when age appropriate, or may be administered by the parent/legal guardian. This program does **NOT** provide a medication administrator as outlined in the policy.

Montclair State University requires original pharmacy containers with labels, which show the participant's name and how the medication should be given.

Provide enough of each medication to last the entire time the participant will be attending the program.

This participant will **NOT** take any daily medications while attending the program

This participant **WILL** take the following daily medication(s) while attending the program

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Health History:

Please identify below any physical or medical condition including allergies and medication your child is taking which should be known to enable first aid or arrange for necessary medical treatment for your child in an emergency situation. This can include allergies, seizure disorders, chronic illnesses including diabetes, etc. Attach additional pages if required.

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Parent/Guardian Authorization for Health Care

This health history is correct and accurately reflects the health status of the participant to whom it pertains. The person described has permission to participate in all activities except as noted by me and/or an examining physician.

I have read and understand Montclair State University's Minor Youth Protection Policy regarding emergency medical treatment and medication administration for minor youth unaccompanied by a parent or legal guardian. This program does **NOT** provide a Medication Administrator as outlined in the policy.

I understand that Montclair State University Health Center does not provide medical care to minors who are not enrolled as Montclair State University students.

I give permission to the program's medication administrator and/or medical service provider selected by the activity sponsor to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations.

If I cannot be reached in an emergency, I give my permission to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child.

I understand information on this form will be shared on a "need to know" basis with activity sponsor and /or University staff.

I give permission to photocopy this form. In addition, the activity sponsor or medical service provider has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

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Parent/Guardian Signature

Date