

**MORRIS HILLS REGIONAL DISTRICT EMERGENCY INFORMATION**

MORRIS HILLS \_\_\_\_\_

MORRIS KNOLLS \_\_\_\_\_

Name \_\_\_\_\_  
Last First M.I. Grade H.Rm.

Parent/Guardian \_\_\_\_\_ Tel. # \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Present Age \_\_\_\_\_ Preferred Hospital \_\_\_\_\_

Tel.# of Parent/Guardian during the day : Father \_\_\_\_\_ Mother \_\_\_\_\_

In case of emergency (if parent/ guardian cannot be contacted) \_\_\_\_\_ Tel. # \_\_\_\_\_

Family Doctor \_\_\_\_\_ Tel.# \_\_\_\_\_

Are there any medications, allergies or other physical impairments we should know about? \_\_\_\_\_

I understand, however, that the Morris Hills Regional Board of Education pays the premium of an accident insurance policy and that my son/daughter will be covered by this insurance according to the limitations and conditions set forth in the policy. In the event that my child is injured and I cannot be contacted, I give any hospital or licensed physician, selected by the Athletic Department, permission to treat my child for such injuries.

**MORRIS HILLS** \_\_\_\_\_ **PARENT/GUARDIAN & STUDENT CONSENT FORM** **MORRIS KNOLLS** \_\_\_\_\_

I give my consent and approval for my son/daughter \_\_\_\_\_ to  
(full name of student)

participate in \_\_\_\_\_ during the current season in accordance with the rules  
(Interscholastic sport/activity)

and regulations of the N.J.S.I.A.A. as applicable. By signing this form, I acknowledge that these sports/activities involve potential for injury which is inherent in all activities. I acknowledge that even with the best coaching, use of the most advanced athletic protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis or even death. I acknowledge that I have read and understood this warning. Furthermore, I will not hold the school authorities responsible in the event of accident or injury resulting from my child's participation in the athletic program or school activity. I have read and understand the attached team rules and regulations of the ( \_\_\_\_\_ ) team and I plan to encourage my child to abide by these rules during the sports season. My signature acknowledges receipt of the above warning and rules.

I (we) grant permission for the school district to utilize my (our) child's name, photo, accomplishments, and other similar personally identifiable information and/or my (our) child's written work/artwork may be published on the districts or school website or teacher-created class Home Page. I (we) release the school district from any liability that might be incurred as a result of such use. I (we) waive and give up any and all claims related to the foregoing.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent/Guardian Signature)

**HAZING**

I will not allow myself to be hazed. If I witness a hazing incident(s) I will report such incident(s) to my coach and/or a school administrator. I have read and understand the attached team rules and regulations of the ( \_\_\_\_\_ ) team and I plan to abide by these rules during the sport season. My signature herein acknowledges receipt of the above warning and rules.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Student's Signature)