

**Athletics Department Notes:**

Rn Review \_\_\_\_\_

Forms Submitted:

Main Annex

File Initiated: \_\_\_\_\_

**Required Forms:**

MD Review \_\_\_\_\_

Last Physical (*on file*): \_\_\_\_\_

New APE

New APE: \_\_\_\_\_

90 Day Action Plan Included

Last Impact Test: \_\_\_\_\_

Nurse Approval  
(Initials)

New Test Needed: \_\_\_\_\_ Test Date \_\_\_\_\_

Genesis Updated

**MONTCLAIR HIGH SCHOOL  
NOTIFICATION FOR ATHLETIC PARTICIPATION**

To the Parent/Guardian of \_\_\_\_\_

Sport \_\_\_\_\_

Grade \_\_\_\_\_

**PARENT/GUARDIAN  
PLEASE NOTE:**

Your child is due for a new sport physical on:

\_\_\_\_\_

Please retain this form and attach it to your child's next  
Sport's physical/recheck.

The above-named student:

May participate

May Not participate

in the Montclair High School athletic program

Notification regarding this student's participation in athletics is based solely on the medical examination and results submitted by the examining physician, nurse practitioner or physician's assistant from the student's medical home.

- Notification regarding this student's participation in athletics is based solely on the Athletic Participation Health History Update (Recheck Form) submitted and signed by the student's parent/guardian.

Reason for disapproval of student participation:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
District School Physician

\_\_\_\_\_  
Date