



# HOLY TRINITY INTERPAROCHIAL SCHOOL



**Westfield Campus ~ Grades K - 8**  
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**Mountainside Campus ~ Pre-K / Kindergarten**  
304 Central Avenue, Mountainside, NJ 07092  
Ph. 908-233-1899 | Fax 908-654-6680

## AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION DURING SPORTS PARTICIPATION

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_ request and authorize the school nurse to release healthcare information obtained from the New Jersey Department of Education Annual Athletic Pre-Participation Physical Examination Form (Parts A & B) of the student named above, to pertinent individuals involved in the Holy Trinity Interparochial School Athletic department. Pertinent individuals include the athletic director, coaches and assistants of the sport(s) in which my child is participating.

This request and authorization applies to:

- All pertinent healthcare information
- Healthcare information related to the following treatment(s) or condition(s): \_\_\_\_\_
- Other: \_\_\_\_\_
- I **DO NOT** authorize the release of my child's healthcare information.

**THIS AUTHORIZATION IS IN EFFECT FOR THE ENTIRE \_\_\_\_\_ SCHOOL YEAR.**

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

**Please return this form with your child's Sports Physical form**

*Co-Sponsored by Holy Trinity Parish and Saint Helen's Parish, Westfield  
And Our Lady of Lourdes Parish, Mountainside*