

MONTAGUE TOWNSHIP SCHOOL DISTRICT

475 Route 206 Montague, NJ 07827

V: 973 293 7131 / F: 973 293 3391

www.montagueschool.org

Timothy C. Capone

Chief School Administrator

Alvinna Mheiny

District Office Secretary



Montague Township School District Intramural Emergency Contact Form

Student Name _____ **DOB** _____ **Grade** _____

Intramural: (Please circle) Soccer Flag Football Basketball Volleyball Cross Country Track

Home Address: _____

City: _____ State: _____ Zip Code _____

Contact Information: (*please indicate best phone number to call in an emergency)

Mother/Guardian (please print): _____

Home: _____ Work _____ Cell _____

Father/Guardian (please print): _____

Home: _____ Work _____ Cell _____

Emergency Contacts:

#1. Name: _____ Phone Number _____

#2. Name: _____ Phone number _____

My child will be picked up by _____ (Name of person to pick up child)

Any change of transportation plans should be in writing the day of the change and presented to the advisor by your child.

Medical History

Name of Insurance Company/Provider: _____

Allergies (if any) _____

Medical/Surgical History _____

Current Medication (if any, please include epi-pens/inhalers) _____

Doctor's Name and Phone Number _____

Parent Signature _____ Date _____