



Our Lady of the Hamptons Regional Catholic School

160 North Main Street, Southampton New York 11968

Telephone 631-283-9140

Fax 631-287-3958

STUDENT'S NAME _____ DATE OF BIRTH ____/____/____

HOME ADDRESS _____ TELEPHONE _____

Mother's Name _____ Best Contact Number: _____

Father's Name _____ Best Contact Number: _____

Emergency Contact _____ Telephone: _____

Cell Number: _____

Physician _____ Telephone: _____

MEDICAL CLEARANCE CARD

(To Be Completed By School Nurse)

NAME _____

GRADE _____ SCHOOL _____

SPORT _____

ALLERGY _____

EPI-PEN _____

ASTHMA _____

INHALER _____

RESTRICTIONS/MEDICAL CONDITIONS: _____

SCHOOL NURSE'S SIGNATURE

DATE MEDICALLY CLEARED

Current Physical Exam	<input type="checkbox"/>
Health History	<input type="checkbox"/>
Parent/Guardian Permission	<input type="checkbox"/>
Emergency Information	<input type="checkbox"/>

*"A recognized Blue Ribbon School of Excellence" - The United States Department of Education
Accredited by the Middle States Association of Colleges and Schools
Chartered by the New York State Department of Education"*