

**CARLSTADT RECREATION
Borough Hall
Carlstadt, NJ 07072**

UNIFORM MEDICAL CERTIFICATION

Please TYPE or PRINT all information clearly.

Child's Name:	DOB:	Age:
Address:		
<p>Certification (Please check only one):</p> <p><input type="checkbox"/> I am the Family/Personal/Primary Care Physician for the above named child. I have, this date, examined the above named patient and certify that he/she is medically/physically fit and able to participate fully as a player/participant in all Carlstadt Recreation programs (please see "Note to Physicians" below).</p> <p><input type="checkbox"/> I am the Family/Personal/Primary Care Physician for the above named child. I have, this date, examined the above named patient and certify that he/she is medically/physically fit and able to participate as a player/participant in all Carlstadt Recreation programs (please see "Note to Physicians" below) with the following limitations/restrictions:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> I am the Family/Personal/Primary Care Physician for the above named child. I have, this date, examined the above named patient and it is my professional opinion that he/she is not medically/physically able to participate as a player/participant in any Carlstadt Recreation program at this time.</p> <p>Note to Physicians: Carlstadt Recreation programs include: Basketball, Soccer, Softball, Roller Hockey, Wrestling, Dance, Cheering and a Summer Recreation Program which may include Swimming, Ice Skating, Roller Skating, and other normal summer recreational activities.</p>		
Physician's Signature:	Date:	
Print or Type Physician's Name & Address:	Or use Physician's Office Stamp here:	
<p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p>	

LAST NAME:

FIRST NAME:

DOB:

NOTE TO PARENTS: Please see the "Instructions for Parents" on the reverse side of this form.

INFORMATION FOR PARENTS

In an effort to streamline the registration and documentation process for all Carlstadt Recreation programs, we are implementing a Uniform Medical Certification and Birth Certificate Filing process, by which only a single medical clearance will be required for each child each year and a one time filing of a copy of your child's birth certificate. These will cover *all* Carlstadt Recreation programs.

Uniform Medical Clearance:

The Uniform Medical Clearance will be valid for 1 calendar year from the date of issuance. Example: A clearance signed and dated by your child's physician on June 1, 2001 will be valid through May 31, 2002. A new clearance must be submitted on or before the expiration date of the current form for your child to remain eligible to participate in any Carlstadt Recreation Program. As parents, it is your responsibility to see to it that your child's medical certification remains up to date.

Implementation of this system requires that the Uniform Medical Certification form provided to you be used. This form must be both *signed and dated* by your child's physician. Carlstadt Recreation programs will *no longer accept* any other form of medical clearance (such as prescription forms, "back to work/school" forms, computer print outs, etc.).

Birth Certificates:

We are developing a centralized filing system and database for the tracking of submitted Birth Certificates. A centralized file will be maintained by the Recreation Committee containing copies of all birth certificates. Once a birth certificate submitted and placed on file, a record of that fact will be entered into a database which will be made available of all Recreation Program Directors. This process will eliminate the need for each program to require and maintain its own records of birth certificates and allow for a single, one time filing for each child that will cover them in all Carlstadt Recreation Program. As this information will be kept on file, it eliminates the need to submit new copies of certificates to each program each year.

Cautions:

As with all human endeavors, the possibility of errors exist. We therefore ask that you keep a photocopy of each medical certification in a safe place should a file copy somehow go missing.

We also ask that you submit a clearly legible *photocopy* of your child's birth certificate, not the original. Copies submitted will not be returned and we can not provide you with photocopies once it has been submitted.

Please note that this process covers *only* Carlstadt Recreation programs. Independent programs such as the Carlstadt Little League and the Wildcat Football Program do *not* fall under this program.

The Recreation Committee and the Directors and Officers of all our recreation programs hope this new system will enhance your child's recreation experience while relieving you of some of the paperwork.

If you have any questions about the new process, please feel free to ask your child's coach or one of the program's directors or officers.