



NWC ATHLETICS – EMERGENCY CONTACT INFORMATION

Sport: _____

Name (First, Last) _____ Birth Date ____ / ____ / ____

Age ____ Sex F / M Class 1st 2nd 3rd 4th

Cell Phone _____ Email _____

Permanent Address _____ City _____

State _____ Zip Code _____ Country _____

Insurance Information (Only disclosed in an emergency) I DO NOT have personal insurance:

Insurance Company _____ Policy / ID Number _____

Primary Card Holder _____ Group Number _____

PLEASE PROVIDE A COPY OF YOUR HEALTH INSURANCE CARD, FRONT & BACK

Parent/Guardian Contact (In the event of an emergency, who do you want us to contact?)

Emergency Contact (Name) _____ Relationship _____

Emergency Contact's Phone (Home, Cell, Office) _____

Other Phone (Home, Cell, Office) _____

Emergency Information (To be given as necessary)

Do you have any allergies? Yes No *If yes, please identify specific allergy.*

Food _____ Medicines _____ Pollens Stinging Insects Other _____

What is your reaction? _____

Do you carry an Epi-Pen? Yes No

Medications: *Please list all prescription, over-the-counter medicines, and supplements (herbal and nutritional) that you are currently taking. (name, dosage, frequency)*

Permission to Provide Emergency Medical Care Agreement

I hereby give permission for myself or my son/daughter (if minor), (Print Name) _____, to undergo emergency care and/or medical treatment for any injury or illness sustained, acquired, or aggravated while engaged in athletic activity. I understand the athletic training personnel of Northwest College will perform only those procedures within their training, credentials, and scope of professional practice to prevent, treat, and rehabilitate injuries or illnesses. I acknowledge that no guarantees have been made as to the result of the examination and/or treatment.

I hereby give permission for the Athletic Training Personnel of Northwest College to communicate directly with one or both of my parents / guardians regarding the medical care I am provided, according to the HIPAA Act.

By signing below, I acknowledge this form has been filled out completely and honestly.

Athlete's Signature _____

Date _____

Parent Signature (if under 18) _____

Date _____