

Northshore School District



Athletics/Activities

Name: _____ Grade: _____

Sport:

Fall	Winter	Spring

EMERGENCY INFORMATION

Eligibility Approval: _____

----- Authorized School Signatures -----

Parent/Guardian Name: _____

Address: _____ City/Zip: _____

Parent/Guardian Phone: _____ Cell Phone: _____

Emergency Contact Persons If Parents/Guardians Are Unavailable:

1. _____ (Name) (Cell/Phone)

2. _____ (Name) (Cell/Phone)

Name of Physician: _____ Phone: _____ Hospital: _____

- In the event of an emergency, 911 will be called to evaluate your student.
- Parent/Guardian accepts responsibility for medical insurance coverage and the costs of medical treatment.

Name of Insurance Company: _____

• Special Medical Needs: _____

• Previous Head/Neck Injury: Yes No

If YES, Date of Head/Neck Injury: _____

• Life Threatening Condition: Yes No

(e.g. severe bee/food allergies, severe asthma, severe seizures, diabetes, etc.)

If YES, Please Indicate: _____

(Please attach an Emergency Plan to this form)

(Student Signature) (Date) (Parent/Guardian Signature) (Date)