

NORTHWEST HIGH SCHOOL
EMERGENCY MEDICAL AUTHORIZATION FORM
(Please print legibly)

STUDENT'S NAME: _____ BIRTHDATE: _____

ADDRESS: _____ GRADUATION YEAR: _____

HOME PHONE: _____ CELL PHONE: _____

ACTIVITY (choose all that apply)

<input type="checkbox"/> Football	<input type="checkbox"/> X Country	<input type="checkbox"/> Music	<input type="checkbox"/> Speech	<input type="checkbox"/> FBLA
<input type="checkbox"/> Volleyball	<input type="checkbox"/> Basketball	<input type="checkbox"/> HS Quiz Bowl	<input type="checkbox"/> Drama	<input type="checkbox"/> FFA
<input type="checkbox"/> Softball	<input type="checkbox"/> Wrestling	<input type="checkbox"/> Spirit Squad	<input type="checkbox"/> Field Trips	<input type="checkbox"/> Journalism
<input type="checkbox"/> Soccer	<input type="checkbox"/> Golf	<input type="checkbox"/> Baseball	<input type="checkbox"/> Tennis	<input type="checkbox"/> Swimming
<input type="checkbox"/> Track	<input type="checkbox"/> Student Manager	<input type="checkbox"/> Student Trainer		

EMERGENCY CONTACT:

PARENT OR GUARDIAN: _____ Home Phone _____

Address _____ Cell Phone _____ Work Phone _____

NON-HOUSEHOLD CONTACT: _____ Home Phone _____

Address _____ Cell Phone _____ Work Phone _____

Relationship to Athlete: _____

INSURANCE COMPANY: _____ POLICY #: _____

PHYSICIAN'S NAME: _____ PHONE #: _____

Any known allergies? _____ List: _____

Do you have any of the following medical conditions?

Asthma Kidney Injury Diabetes Epilepsy
 Heart Condition Other (Please specify) _____

Are you currently taking any medications? _____ If yes, please list: _____

Do you wear any of the following?

Glasses Contact Lenses Dental appliances of any kind
 Other (please specify) _____

In the event the designated preferred practitioner is not available, we authorize another licensed physician or dentist the authority and power to render care in his/her best judgment and the transfer of the child to any hospital reasonably accessible. It is also understood that every effort shall be made to contact the parent/legal guardian prior to rendering treatment to the patient, but treatment will not be withheld if the parent/guardian cannot be contacted. Permission is also granted for the school's athletic trainer or coach to provide emergency treatment to my/our child prior to his/her admission to any medical facility.

Signature of Parent/Guardian Date _____