



Northshore School District
Athletics/Activities
Emergency Information (08/2014)

Student Name _____ Pupil # _____ Grad. Yr _____

Sport:	Fall	Winter	Spring
Elig. Approval:			

Parent/Guardian Name _____

Address _____ City/Zip _____

Parent/Guardian Phone _____ Cell _____ Email _____

Emergency Contact Persons If Parents/Guardians Are Unavailable

1. _____ (Name) _____ (Phone) 2. _____ (Name) _____ (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 Care Plan to this form, etc. Students will not have access to meds stored in Health Room-arrangements and authorization for self-carry must be made)

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____