



**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 \_\_\_\_\_