



NORTHWEST COLLEGE – EMERGENCY CONTACT INFORMATION

Name (Print) _____ Email _____
(First, Middle Initial, Last)

Local Address _____ Cell Phone _____

Birth Date ____/____/____ Age ____ Sex M/F Class Fr So 3rd

Parent / Guardian Contact Information In Case of Emergency

Father / Guardian

Mother / Guardian (if different)

Name _____

Name _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Phone _____

Phone _____

Email _____

Email _____

Permanent Address _____

Permanent Address _____

PERSONAL HEALTH INSURANCE

I **do** have an active health insurance policy. _____

I **do not** have an active health insurance policy. _____

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

EMERGENCY INFORMATION TO BE GIVEN AS NECESSARY

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

Medications: _____

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

Do you carry an Epi-Pen? Yes No

- Medicines Pollens Food Stinging Insects

Reaction: _____

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 that 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.

Signature _____

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

Student Signature _____

Date _____

Parent Signature (if under 18) _____

Date _____