

DATE: \_\_\_\_\_

Sport: \_\_\_\_\_

### ATHLETIC EMERGENCY/INSURANCE FORM

Northwest Christian High School/NCA

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_ Grade: \_\_\_\_  
Last Name First Name: M.I.

**IN CASE OF ILLNESS, ACCIDENT, OR EMERGENCY INVOLVING THIS STUDENT, THE PRINCIPAL, ATHLETIC DIRECTOR, ATHLETIC TRAINER, OR COACH IS AUTHORIZED TO ACT ON MY BEHALF TO MAKE DECISIONS REGARDING OBTAINING/AUTHORIZING MEDICAL CARE OR OTHER ACTIONS TO PROTECT THE STUDENT PENDING CONTACT WITH ME. IF I CAN NOT BE CONTACTED AND IMMEDIATE MEDICAL CARE IS REQUIRED, I FURTHER AUTHORIZE AND GIVE MY PERMISSION FOR EMERGENCY RESPONDERS AND MEDICAL PROFESSIONALS TO DO WHAT IS NECESSARY TO MAINTAIN THE HEALTH OF THIS STUDENT.**

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Policy No.: \_\_\_\_\_

#### EMERGENCY INFORMATION

Parent/Guardian #1 Name: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Work Number: \_\_\_\_\_ Home Number: \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Work Number: \_\_\_\_\_ Home Number: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

Parent/Guardian #1: \_\_\_\_\_ Parent/Guardian #2: \_\_\_\_\_  
Contact email: \_\_\_\_\_ Contact email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone #: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Physician's Phone #: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Hospital Phone #: \_\_\_\_\_

#### NORTHWEST CHRISTIAN HIGH SCHOOL/NCA Interscholastic Athletic Participation, Current School Year

Your son/daughter (Name) \_\_\_\_\_ is turning out for athletics at NCHS/NCA during the current school year.

I, \_\_\_\_\_ (Name: parent/guardian) give permission for my son/daughter to participate in athletics at NCHS/NCA. I understand that Football, Cross Country, Track & Field, Golf, Tennis, Baseball, Softball, Games, Meets, and Matches are conducted off campus.

By signing this permission form I realize that NCHS/NCA is not responsible for any accident or injury during participation on our athletic teams. Family insurance is responsible for injury care and emergency information has been provided to NCHS/NCA (see above).

I am not at this time under suspension, or in any other way, ruled ineligible from participating in athletics from any school or school district. \_\_\_\_\_ Please Initial