



NORTHLAND PINES HIGH & MIDDLE SCHOOL
EMERGENCY MEDICAL FORM



** This card must be on file with the NPHS office before the athlete is allowed to participate in practice and competition.

Student's Name: _____ **Grade:** ____ **Birth date:** ___ / ___ / ___

Parent/Guardian's Name(s): _____

Address: _____

City: _____ **State:** WI **Zip:** _____

Home Phone #: _____ **Work Phone #:** _____

Cell Phone #: _____ **e-mail:** _____

Place of Employment: _____

Insurance Company: _____

Name of Agent: _____ **Agent's Phone #:** _____

Policy Number: _____ **Group Number:** _____

Place of Medical Records: _____

Family Physician: _____ **Phone Number:** _____

Family Dentist: _____ **Phone Number:** _____

My son/daughter has my permission to participate in Northland Pines High School Activities. I acknowledge that he/she will participate in an activity that could involve contact with other persons, equipment, or the playing surface. As with any event he/she may incur a risk of injury. In the case of injury, I give my consent for medical treatment and permission of a coach, advisor, trainer, or physician to secure proper treatment. I specifically waive and release the staff and the Northland Pines School District from liability for any claim or damage which I or my son/daughter may have for illness or injuries that he/she may sustain in NPSD activities. I will be responsible for any medical or other charges in connection with my child's participation.

List any medical condition(s) that coaches, advisors, or medical personnel should be aware, for example allergic reactions (bee stings, food allergies, asthma):

Participants' Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

* This document does not constitute as a WIAA Physical Card & is valid for 2017-2018 NPHS participation.

For office use only:	_____ Fall Sport	_____ Drama	_____ Other
	_____ Winter Sport	_____ Forensics	
	_____ Spring Sport	_____ Band/Choir	