



# NORTHLAND PINES MIDDLE & HIGH SCHOOL EMERGENCY MEDICAL FORM



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

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Birth date:** \_\_\_ / \_\_\_ / \_\_\_

**Parent/Guardian Name(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** WI **Zip:** \_\_\_\_\_

**Home Phone #:** \_\_\_\_\_ **Work Phone #:** \_\_\_\_\_

**Cell Phone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_

**Agent's Name:** \_\_\_\_\_ **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 Middle & 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), or asthma:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This document does not serve as a WIAA Physical Card and is valid for 2020-2021 NPMS/NPHS participation.

For office use only: <table style="margin-left: 20px; width: 80%;"> <tr> <td><input type="checkbox"/> Fall Sport</td> <td><input type="checkbox"/> Drama</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td><input type="checkbox"/> Winter Sport</td> <td><input type="checkbox"/> Forensics</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Spring Sport</td> <td><input type="checkbox"/> Band/Choir</td> <td></td> </tr> </table>	<input type="checkbox"/> Fall Sport	<input type="checkbox"/> Drama	<input type="checkbox"/> Other	<input type="checkbox"/> Winter Sport	<input type="checkbox"/> Forensics		<input type="checkbox"/> Spring Sport	<input type="checkbox"/> Band/Choir	
<input type="checkbox"/> Fall Sport	<input type="checkbox"/> Drama	<input type="checkbox"/> Other							
<input type="checkbox"/> Winter Sport	<input type="checkbox"/> Forensics								
<input type="checkbox"/> Spring Sport	<input type="checkbox"/> Band/Choir								