

**EMERGENCY INFORMATION\***

Name \_\_\_\_\_ Sport(s) \_\_\_\_\_  
Last First MI

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Your Address while attending School \_\_\_\_\_

Your Phone number while attending School \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone # Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

**INSURANCE INFORMATION**

Medical Insurance Co. \_\_\_\_\_

Claims Address \_\_\_\_\_  
Number/Street City State Zip

Claims Phone # \_\_\_\_\_

Policy holder \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Policy holder Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Group # \_\_\_\_\_

List an and all known **Allergies** \_\_\_\_\_

List any medications being taken at this time. \_\_\_\_\_  
\_\_\_\_\_

**ASSUMPTION OF RISK**

I understand that by participating in Intercollegiate Athletics at Northwest University I am taking on a certain risk of injury. I understand that this includes the risk of spinal cord and head/brain injury that may result in paralysis and the possibility of other permanent injury or death. I give the athletic training staff and team physician's permission to provide care in the event on injury of illness. I will report all injuries as well as comply with the treatment plan of the athletic trainers and team physicians.

**Athlete's Printed Name:** \_\_\_\_\_

**Athlete Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Sport** \_\_\_\_\_ **mo/da/yr (i.e. 01/01/10)**

**Parent or Guardian Signature:** \_\_\_\_\_ **(if under 18)**

\*This form is to be placed in the medical kit and taken to away games.