

EMERGENCY INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL	SPORT(S)	
SOCIAL SECURITY NUMBER	BIRTHDATE	PHONE NUMBER		
ADDRESS WHILE ATTENDING SCHOOL		CITY	STATE	ZIP CODE
EMERGENCY CONTACT NAME		RELATIONSHIP		
EMERGENCY CONTACT ADDRESS		CITY	STATE	ZIP CODE
HOME PHONE NUMBER	WORK PHONE NUMBER			

INSURANCE INFORMATION

MEDICAL INSURANCE COMPANY	GROUP NUMBER	CLAIMS PHONE NUMBER		
CLAIMS ADDRESS	CITY	STATE	ZIP CODE	
POLICY HOLDER NAME	SOCIAL SECURITY NUMBER		BIRTHDATE	
KNOWN ALLERGIES				
CURRENT MEDICATIONS				

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	SPORT
ATHLETE'S SIGNATURE	DATE
PARENT OR GUARDIAN SIGNATURE (IF UNDER 18 YEARS OLD)	

This form is to be placed in the Medical Kit and taken to away games.

