

**NASHUA CHRISTIAN ACADEMY HEALTH OFFICE  
EMERGENCY AND INFORMATION UPDATE FORM  
For Athletic Participation**

Athlete's Name \_\_\_\_\_  
Last First M.I.

Date of Birth \_\_\_\_\_

Athlete's address: \_\_\_\_\_  
\_\_\_\_\_

List in order of preference, parents, neighbors or nearby relatives who will assume care of your child in case of illness/accident/inability to pick.

1. \_\_\_\_\_ Phone# \_\_\_\_\_
2. \_\_\_\_\_ Phone# \_\_\_\_\_
3. \_\_\_\_\_ Phone# \_\_\_\_\_

Please list any medical conditions or restrictions of which we need to be aware.

\_\_\_\_\_

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Has your child had any of the following?

asthma  diabetes  seizures  migraines  hearing impairment  
 visual impairment  cerebral palsy  headaches

Does your child wear glasses, hearing aides or other appliances? Yes No If Yes, Please list:

\_\_\_\_\_

Has your child had surgery? Yes No If yes, what type? \_\_\_\_\_

Is your child taking any medications? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please List \_\_\_\_\_

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PLEASE NOTE: No prescription medicine may be administered to your child without a written doctor's note, a release form signed by a parent/guardian and on file in the office, and the medication in the original container.

In the event of your absence or unavailability, please list your preferences for the following:

Hospital \_\_\_\_\_ phone \_\_\_\_\_  
Primary Care Physician \_\_\_\_\_ phone \_\_\_\_\_  
Dentist \_\_\_\_\_ phone \_\_\_\_\_

Orthodontist \_\_\_\_\_ phone \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Group# \_\_\_\_\_ Individual # \_\_\_\_\_

**\*this does not replace a Doctor's note of "Release to Play"**

Note any allergies your child has: Food, Insect, Medication, Other. Describe the reaction they experience. \_\_\_\_\_

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Are there any significant changes or recent events of which we should be aware of?  
\_\_\_\_\_

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Please list any dismissal restrictions (ex. Restraining order, divorce, custody):  
\_\_\_\_\_  
\_\_\_\_\_

**Parent/Legal Guardian Permission to Release and Exchange Confidential Information:**

In order to provide a safe environment and to best meet the needs of your child \_\_\_\_\_ (name), it may be necessary to exchange health information with other NCA staff and coaches who also care for your child. Only information that is necessary to provide Medical and Educational and Guidance services for your child will be released. This agreement will expire on July 1, 2015.

Consent: \_\_\_\_\_  
Signature of parent/guardian date

Parent/Guardian name (printed) \_\_\_\_\_

**Parent/Legal Guardian Permission for treatment:**

As the parent/guardian of \_\_\_\_\_ (name), I hereby authorize Nashua Christian Academy to obtain medical diagnosis/treatment for my child in my absence. This authorization is given with the understanding that the school will make a reasonable effort to contact me. It is not, however, my desire that an inability to contact me delay such treatment. This agreement will expire on July 1, 2015.

Consent: \_\_\_\_\_  
Signature of parent/guardian date

Parent/Guardian name (printed) \_\_\_\_\_

Best **Emergency** Contact (printed) \_\_\_\_\_ (phone) \_\_\_\_\_