Expires 7/1/15

Southern New Hampshire Christian Co-Op
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.

_____

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 you child had surgery? Yes No If yes, what type? _____

Is your child taking any medications? Yes_____ No_____

If yes, please List _____

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 #_____

(Please continue on the other side!)

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

_____

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

_____

_____

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 (Nashua Christian Academy) or MZCS (Mt. Zion Christian Schools) 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.

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 NCA and MZCS 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.

Consent: _____ _____
Signature of parent/guardian date

Parent/Guardian name (printed) _____