



A Great Place to Live & Learn

Emergency Insurance Information & Consent 2015-16

Athlete's Name: _____ Phone: _____ Sport(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian Name(s): _____ Employer: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Emergency Contact: _____ Phone: _____

Emergency Contact (other than a parent/guardian): _____ Phone: _____

Each student participating in athletic activities is required to have medical insurance that covers injuries. I understand that NKSD does not provide medical insurance for student injuries, but does make available information about student accident/health insurance that you may purchase.

Family Health Accident Insurance

Carrier: _____

Group#: _____ Policy #: _____ ID#: _____

Family Physician: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Any serious medical conditions? _____

Allergies? _____

I/We hereby grant consent to any and all health care providers designed by NKSD to provide my child (name) _____, any necessary medical care as a result of any injury/illness. My insurance _____ (does / does not) cover sports. I understand and agree that medical information may be shared with other healthcare professionals and athletic department personnel.

I will notify the school is writing of any changes or cancellation of my insurance.

Parent Signature _____

Date _____