

**NORTHFIELD JR/SR HIGH SCHOOL
EMERGENCY MEDICAL CARD
2017-2018**

Student's Name – Last: _____ First: _____

Gender: _____ Birth Date: _____ Home Phone: _____

Address: _____ City: _____ Zip: _____

Mother's Name – Last: _____ First: _____ Work Phone: _____

Father's Name – Last: _____ First: _____ Work Phone: _____

Insurance Company Name: _____ Policy Number: _____

I hereby recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary, and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then existing conditions. I also hereby assume the responsibility for payment of any such treatment.

Parent or Guardian Signature

Date