

Nicolet High School Athletic Emergency Form

(to be completed and signed by the athlete's parent/guardian)

Sport _____

Student's Name _____ Date of Birth _____

Parent(s) (Guardian's) name _____

Phone(s) _____ Email address _____

In case of emergency, and the absence of parent or guardians please list two people we should contact:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

List any known allergies _____

List any medications the student is taking _____

List any previous injuries _____

Name of medical insurance company or plan _____

Additional comments _____

Insurance Policy numbers _____

Is the above listed considered a Health Maintenance Organization (HMO)? Yes ____ No ____

If yes, what is your primary care facility? _____

I hereby authorize the staff of the Nicolet High School Athletic Department (coaches, athletic trainer, and/or team physician) to provide and secure any medical assistance needed on behalf of my son/daughter.

Parent/Guardian signature _____