

NIGHTINGALE-BAMFORD SCHOOL
Athletic Information & Authorization for Treatment
2011-2012

STUDENT INFORMATION:

Student's Name: _____ Date of Birth: _____ Grade: _____

Parent's/Guardian's Name: _____ Home Phone: _____

Father's Cell Phone: _____ Mother's Cell Phone: _____

Emergency Contact: _____ Relationship to Student: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Family Physician: _____ Address: _____ Phone: _____

Family Dentist: _____ Address: _____ Phone: _____

MEDICAL INFORMATION:

Orthopedic Problems: Yes__ No__ please explain _____

Life Threatening Allergies: Yes__ No__ to what, _____ action taken _____

Non-Life Threatening Allergies: Yes__ No__ please explain _____

Does the student have any chronic illnesses? Yes__ No__ please explain _____

Has the student ever had a seizure? Yes__ No__ please explain _____

Has the student ever had a head injury or concussion? Yes__ No__ please explain _____

Does the student have exercise induced asthma? Yes__ No__ please explain _____

Does the student have asthma? Yes__ No__ please explain _____

Are there any cardio-vascular concerns? Yes__ No__ please explain _____

Does the student have any gynecological problems? Yes__ No__ please explain _____

Does the student use any special corrective or protective equipment or devices? (e.g. Knee brace, foot orthotics and protective eye wear) Yes__ No__ please explain _____

Does the student take any prescription or nonprescription medication or use an inhaler? Yes__ No__ please explain _____

Has the student ever become ill from exercising in the heat? Yes__ No__ please explain _____

Has the student had a medical illness or injury since her last check up? Yes__ No__ please explain _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Authorization is hereby given to the Nightingale-Bamford School to act in the place of the parents of:

Name of Student: _____

Date of Birth: _____ Social Security #: _____

Should any emergency medical or surgical treatment be required during the school year 2011-2012 it is understood that the school authorities will make every effort to contact parents before acting on this authorization.

Signed Parent or Guardian

Date