



Medical - Media - Athletics -Travel

I. Student's Name _____ Date of Birth _____
Street Address _____ City _____ State ____ Zip _____
Home phone # _____ Other phone # _____

II. In case of emergency, please contact : Name _____
Home Phone # _____ Work or Cell Phone # _____
Address _____ Relationship to student _____

III. Physician's Name _____ Phone # _____
Street Address _____ City _____ Hospital _____
Health Insurance Coverage and Policy # _____

Please indicate allergies to any food, medication or insect bites, etc. _____

Are these allergies are confirmed by a physician yes () No () _____

Will you need to take prescribed medication while at school? Yes () No ()
If yes, please clearly identify the medication to be administered: _____

List any concerns that might effect your participation in school: _____

You have my permission to use my name and/ or picture in a news story or brochure. Yes () No ()
You have my permission to use my contact information in a school directory. Yes () No ()
You have my permission to transport my child to and from off campus school events. Yes () No ()

Emergency Medical Authorization

This authorization MUST be signed.
I authorize Northbrook Academy staff to provide basic first aid and/or CPR to my child whenever appropriate.
In the event there is an emergency that requires urgent medical attention, I authorize Northbrook Academy to transport me to the nearest hospital for proper medical treatment.

If my child requires prescribed medication during the program I authorize the designated Northbrook Academy staff to dispense the medication listed above in accordance with the physician's instructions.

Date _____ Signature of parent or guardian _____

Please return this form with a record of immunizations to Northbrook Academy at the start of the school year.



GYM RELEASE

My son/daughter will participate in exercise at Raynham Athletic Club that may include but not be limited to swimming, basketball, weights, running, racquetball, kickball, and using some cardio equipment. I am familiar with the risks inherent in these activities and hereby release, Raynham Athletic Club, Northbrook Academy, its' officers and employees in the absence of gross negligence, from all risks of personal injury and personal damage and / or loss associated with the above activities.

Students Name: _____

Parents Signature _____ **Date** _____