



NEW LIFE CHRISTIAN ACADEMY

Sports Medical Information Form

This form is to be completed by the parent/guardian and is required prior to athletic participation. Providing false information renders this form void and may cause the student to lose athletic eligibility.

****This form is not a sports physical, and is only for the school's files and use.***

STUDENT-ATHLETE INFORMATION

Name: _____ Date of Birth: ___/___/___

Gender: Male / Female

Address: _____

Father/Male Guardian's Name: _____

Phone Number: _____

Mother/Female Guardian's Name: _____

Phone Number: _____

Emergency Contact's Name: _____

Phone Number: _____

MEDICAL TREATMENT INFORMATION

Primary Care Provider's Name: _____

Location of Practice: _____ Phone Number: _____

Medical Insurance: _____ Policy #: _____

Allergies/Medical Conditions: _____

Current Medication: _____

Any other relevant medical information: _____

***All medications (prescription and over-the-counter) must be provided by the parents/guardians, and a Permission to Administer Medicine form must be filled out.**

Infection Disclaimer: If a participant is suspected of having a communicable disease or condition that makes participation appear inadvisable, that student-athlete is not allowed to participate until the coach receives written documentation from a physician stating that the suspected disease or condition is not communicable and that the athlete's participation would not be harmful to any other person.

When completed, submit by email:

office.nlcanc@gmail.com

Or in person:

New Life Christian Academy

2605 Southeast Blvd, Clinton, North Carolina 28328