



North Texas Family Health, LLC
Athletic Pre-Participation Physical Examination
Emergency Contact & Insurance Information

School Year 2019-2000

Student's Name: (last) _____ (first) _____ (mi) _____
Date of Birth: _____ 2019-20 Grade Level: _____
Address: (street) _____ (city) _____ (zip) _____
Student's Cell Phone #: _____

Student lives with: ___ Father ___ Mother ___ Both ___ Other _____
Father's/Guardian Name: _____ Phone #: _____
Father's/Guardian Employer: _____
Mother's/Guardian Name: _____ Phone #: _____
Mother's/Guardian Employer: _____
Parent/Guardian e-mail address: _____

EMERGENCY CONTACT & Relationship (must be 21 or older): _____
Contact Phone #: _____

Primary Care Provider: _____ Phone #: _____

Insurance Information

Primary Insurance Company: _____
Name of Policy Holder: _____ Policy #: _____
Group #: _____ Insurance Company Phone #: _____

****PLEASE BE AWARE OF THE FOLLOWING WHEN CARING FOR MY CHILD****

Medical Conditions: _____
Allergies: _____
Medications: _____

PERMISSION FOR AUTHORIZATION TO TREAT IN PARENT/GUARDIAN ABSENCE

I _____ give permission for representatives of for _____
school system to authorize medical treatment for my child in my absence. This may include, but is
not limited to, activation of emergency services, emergency room procedures, and injury/illness
evaluation and treatment by certified athletic trainers while at away competitions.

Printed Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

PLEASE ATTACH COPY (FRONT AND BACK) OF INSURANCE CARD BELOW