



# Nero Piedmont 2009-2010

## Medical History and Emergency Information

This information is absolutely required for participation in any NERO Piedmont event. This is for your own protection. NERO Piedmont activities, like any active sport, involve a certain risk of injury. In the unlikely event that a participant is injured, NERO Piedmont would like to take the appropriate actions. Please fill out this form completely and legibly. The information on this form is required for admission into any US Hospital. This information will be held in strict confidence.

Participant Name (Please Print): \_\_\_\_\_

Parent or Legal Guardian (Please Print): \_\_\_\_\_  
(If under 18 years of age)

Does the participant have any medical conditions that NERO Piedmont or their staff should know about to ensure that participant's safety in the event medical treatment is needed? NO: \_\_\_\_\_ YES: \_\_\_\_\_

If YES, please list all, including allergies (ex: allergy to bee stings), adverse reactions to any medical drugs, asthma, diabetes, fainting spells, heart trouble, convulsions, bleeding disorders, or any other problems.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This health record is correct as far as I know, and person herein has permission to engage in all prescribed activities. In the event that I, or the person listed below, cannot be reached in an emergency, I hereby give permission to have:

- 1) NERO Piedmont members render first aid, and
- 2) Any physician hospitalize, secure proper anesthesia, or order injection for  
(Participant's Name, Please Print) \_\_\_\_\_.

SIGNATURE OF PARENT OR GUARDIAN (if under 18), or Participant if 18 or older

\_\_\_\_\_  
(Signature) Date: \_\_\_\_\_

Parent or Guardian Phone Number: (\_\_\_\_) \_\_\_\_\_

In case of emergency, please contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Medical Insurance Information (Plan or Policy Number): \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_