



National Federation of Middle School Sports

501(c)(3) Nonprofit • In Time of Need, Inc. • USPTO Registered Trademark

www.nfmss.org • info@nfmss.org • (404) 477-8781

Important notice: This template should be reviewed by a qualified attorney and appropriate medical/risk-management professional before public use. This form is not medical advice and does not replace medical evaluation, diagnosis, treatment, or clearance by a licensed healthcare provider.

Parent / Guardian Medical Information Form

1 Student-Athlete Information

STUDENT-ATHLETE FULL NAME

DATE OF BIRTH

GRADE LEVEL

SCHOOL NAME

SPORT(S)

TEAM / COACH NAME

EVENT / PROGRAM NAME

EVENT DATE(S)

2 Parent / Guardian Information

PARENT / GUARDIAN FULL NAME

RELATIONSHIP TO STUDENT-ATHLETE

PRIMARY PHONE

SECONDARY PHONE

EMAIL ADDRESS

HOME ADDRESS

CITY / STATE / ZIP

PREFERRED CONTACT METHOD

3

Emergency Contacts

EMERGENCY CONTACT #1 NAME

RELATIONSHIP

PHONE NUMBER

ALTERNATE PHONE

EMERGENCY CONTACT #2 NAME

RELATIONSHIP

PHONE NUMBER

ALTERNATE PHONE

4

Health Insurance Information

INSURANCE PROVIDER

POLICY / MEMBER NUMBER

GROUP NUMBER

POLICYHOLDER NAME

INSURANCE PHONE NUMBER

PRIMARY PHYSICIAN

PHYSICIAN PHONE

PREFERRED HOSPITAL / CLINIC

5

Medical Conditions and Health History

Check all that apply

- Asthma or breathing condition
- Heart condition or chest pain history
- Seizure disorder
- Concussion or head injury history
- Bone, joint, muscle, or orthopedic injury
- Vision or hearing concern
- Other condition requiring staff awareness
- Severe allergies or anaphylaxis
- Diabetes or blood sugar concerns
- Sickle cell trait or sickle cell disease
- Heat illness / heat exhaustion / heat stroke history
- Recent surgery or hospitalization
- Medication that may affect athletic participation
- No known medical conditions

DETAILS / EXPLANATION OF CHECKED ITEMS

6 Allergies

List all known allergies, including food, medication, insect sting, latex, environmental, or other allergies.

- No known allergies
- Student-athlete carries an EpiPen or other emergency allergy medication
- Student-athlete requires allergy action plan or special instructions

7 Current Medications

List all medications the student-athlete currently takes or may need during an NFMSS event, including dosage, timing, and purpose.

- No current medications
- Medication must be kept with parent/guardian
- Medication may be carried by student-athlete if allowed by school/event policy
- Medication requires special storage or administration instructions

8 Restrictions, Limitations, or Special Accommodations

List any activity restrictions, medical limitations, hydration needs, equipment needs, dietary needs, disability accommodations, or other information that NFMSS, the school, coaches, or event staff should know.

9 Emergency Medical Authorization

I am the parent or legal guardian of the student-athlete named above. In the event of injury, illness, accident, or emergency, I authorize NFMSS, In Time of Need, Inc., event staff, school representatives, coaches, athletic trainers, medical personnel, emergency responders, and authorized representatives to seek or obtain emergency medical evaluation, treatment, transportation, or care for my child when I cannot be reached immediately.

- I authorize emergency medical evaluation, treatment, transportation, or care for my child if needed.
- I understand that reasonable efforts will be made to contact me or the emergency contacts listed above.
- I understand that I am responsible for medical expenses not covered by insurance or another responsible party.
- I agree to notify NFMSS, the school, coach, or event staff of any medical change that may affect safe participation.

10 Concussion, Injury, and Return-to-Play Notice

If the student-athlete is suspected of sustaining a concussion, head injury, serious injury, heat-related illness, or other medical concern, the student-athlete may be removed from participation and may not return until cleared in accordance with applicable law, school policy, event policy, and NFMSS policy. A separate NFMSS Concussion Acknowledgment Form and Return-to-Play Clearance Form may be required.

- I understand that safety decisions by medical staff, athletic trainers, officials, event staff, coaches, school representatives, or NFMSS representatives must be respected.
- I understand that return-to-play may require written medical clearance from an appropriate healthcare provider.
- I agree to report any known injury, illness, medical restriction, or concussion concern before participation.

11 Medication Handling Notice

NFMSS does not routinely administer medication to student-athletes unless a separate written medication authorization process has been approved, if available. Parents/guardians and schools are responsible for communicating medication needs before participation and ensuring that medication handling complies with school rules, event rules, and applicable law.

- I understand that this form does not authorize NFMSS to administer medication unless a separate medication authorization process is completed.
- I understand that emergency responders or licensed medical personnel may provide emergency care when needed.

12 Confidentiality and Use of Medical Information

Medical information provided on this form should be used only for safety, emergency response, event administration, participation review, risk management, and related organizational purposes. NFMSS will make reasonable efforts to limit access to individuals who need the information to support safe participation, emergency response, or event operations.

- I understand that medical information may be shared with appropriate staff, coaches, schools, athletic trainers, medical personnel, emergency responders, or authorized representatives when needed for safety or emergency care.
- I understand that this form should not be used as a public-facing athlete profile or media document.

13 Parent / Guardian Certification and Signature

By signing below, I certify that I am the parent or legal guardian of the student-athlete named in this form, that the information provided is accurate to the best of my knowledge, and that I will notify NFMSS, the school, coach, or event staff if any medical information changes before participation.

PARENT / GUARDIAN PRINTED NAME

DATE

PARENT / GUARDIAN SIGNATURE

PHONE NUMBER

STUDENT-ATHLETE PRINTED NAME

DATE

STUDENT-ATHLETE SIGNATURE (if age appropriate)

SCHOOL / TEAM

SECTION 14 — NFMSS / SCHOOL / EVENT STAFF USE ONLY — DO NOT DISTRIBUTE

FORM RECEIVED BY

ROLE / TITLE

DATE RECEIVED

REVIEWED FOR EVENT

SPECIAL NOTES / FOLLOW-UP NEEDED

FOLLOW-UP COMPLETED BY

NOTES

National Federation of Middle School Sports (NFMSS®) • In Time of Need Incorporated, a 501(c)(3) nonprofit •
compliance@nfmss.org • (404) 477-8781 • www.nfmss.org