

**NEW MEXICO MILITARY INSTITUTE ATHLETIC DEPARTMENT**  
**Medical Information and Release**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Cadet# \_\_\_\_\_

Date of Birth \_\_\_\_\_ Class \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_ Sport(s) \_\_\_\_\_

A

Permanent Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Secondary (Emergency) Contact \_\_\_\_\_ Relation \_\_\_\_\_

Home phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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**Medical Information**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Type \_\_\_\_\_ Medications \_\_\_\_\_

Medical Conditions: (ex. Allergies, asthma, etc.) \_\_\_\_\_

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**Insurance Information**

Insurance Company \_\_\_\_\_ Phone Number \_\_\_\_\_

Policy Holder \_\_\_\_\_ Card Number \_\_\_\_\_ Group Name \_\_\_\_\_

Address of Company: Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

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I/we, as parent(s) or guardian(s) of \_\_\_\_\_ do hereby grant permission for my minor child to participate in intercollegiate or interscholastic athletics. I am aware of the risks involved with participating in athletics and acknowledge the danger of severe injury or death that can result from participation. I understand that NMMI is not responsible in the event an injury is sustained. In the event of injury I authorize NMMI to render and obtain appropriate care for my child. Furthermore, I, as parent or legal guardian, do fully understand and voluntarily accept and agree to all of the above terms, statement and conditions. I give my child permission to participate in all athletic offerings at NMMI except as follows: (Place an **X** on those sports which you **do NOT** grant your child permission to participate in)

Football      Soccer      Volleyball      Baseball      Basketball      Cross-Country

Golf      Tennis      Track      Swimming

**Concussion Statement:** A concussion is a disturbance in function of the brain, caused by a blow to the body or head, occurring in any sport or activity. Results in a variety of symptoms (headache, nausea, dizziness, memory or a balance problem) with or without loss of consciousness. I, we, understand that there is a concussion protocol established for/by the sport that includes care and return to play criteria.

\_\_\_\_\_  
Cadet's Signature                      Date                      Parent or Legal Guardian Signature                      Date

**New Mexico Military Institute Athletic Department  
POWER OF ATTORNEY FOR HEALTHCARE DECISIONS**

Except in a true emergency, medical care may be rendered to a minor child only with the consent of the parent(s) or legal guardian(s). There is a difference between "emergency" care and "unexpected" care. True emergency situations are instances in which the denial of care could result in either permanent injury or death. In these cases a minor child may be treated without parental/guardian consent. Unexpected care are situations that arise that require medical attention, however, they are not life threatening and cannot be treated without parent/guardian consent.

To prevent delay in care in the event your child is injured or becomes ill the following consent form can be filled out authorizing treatment. The following POWER OF ATTORNEY FOR HEALTHCARE DECISIONS will allow medical personnel to perform the medical procedures necessary for your child. This form will be carried for each cadet and available in case he or she requires medical attention.

**Please fill this out completely and have it notarized by a NOTARY PUBLIC.**

I, \_\_\_\_\_, hereby appoint New Mexico Military Institute personnel to serve as attorney-in-fact and agent to act on my behalf to make decisions for:

\_\_\_\_\_  
Name of cadet

\_\_\_\_\_  
Date of Birth

my minor child in the event that I am not present and able to do so myself.

Allergies \_\_\_\_\_

This appointment shall extend to and authorize all acts necessary to give full force and effect to this directive and shall extend to decisions relating to medical treatment, surgical treatment, nursing care, medication or hospitalization. The agent appointed by this document is specifically authorized to act on my behalf to consent or refuse. I appoint personnel of New Mexico Military Institute as my agent because I believe that they are sound and capable of making a decision for my minor child.

Special directives or limitations on this Power of Attorney for healthcare decisions

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

\_\_\_\_\_  
Signature of parent or legal guardian

Subscribed and sworn before me in \_\_\_\_\_ County -- State \_\_\_\_\_

on the \_\_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_.

My commission expires on \_\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

**THIS DOCUMENT SHALL BE VALID UNTIL VOIDED IN WRITING.**