



Emergency Information Card

Players Name _____ Grade ____

Parent or Guardian Name _____

Address _____

Phone # _____

Players Name _____ Grade ____

Parent or Guardian Name _____

Address _____

Phone # _____

Physician Name _____

Physician Phone # _____

Chronic Aliments _____

Consent for Emergency Treatment for Interscholastic Activity Injuries

I _____,

parent or guardian of _____

in consideration of their opportunity to participate in interscholastic activities, hereby consent to emergency medical treatment, hospitalization or other medical treatment as may be necessary for the welfare of the above named child, by a physician, qualified nurse, and/or hospital, in the event of injury or illness during all periods of time in which the student is away from their legal residence as a member of an interscholastic activity team or group, and hereby waive on behalf of myself and the above named child any liability of the School District, any of its agents or employees, arising out of such medical treatment.

Dated

Signature of Parent or Guardian