



# Emergency Information Card

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