

**EMERGENCY INFORMATION CARD**

Player's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's or Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Emergency Contact Person's Name and Phone: \_\_\_\_\_

Chronic Ailments: \_\_\_\_\_

**(OVER – PLEASE SIGN EMERGENCY TREATMENT STATEMENT)**

**PLEASE COMPLETE BOTH SIDES**

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**CONSENT FOR EMERGENCY TREATMENT FOR INTERSCHOLASTIC AVTIVITY INJURIES**

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_  
In consideration of my son's/daughter's opportunity to participate 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 his/her 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.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

**PLEASE COMPLETE BOTH SIDES**

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