

Sport: _____

SCHOOL DISTRICT #11

EMERGENCY INFORMATION CARD

PLAYER'S NAME: _____ GRADE: _____

PARENT'S OR
GUARDIAN'S NAME: _____

ADDRESS: _____

PHONE: _____

WORK PHONE: _____

PHYSICIAN: _____ PHONE: _____

HOSPITAL PREFERENCE: _____

EMERGENCY # IF NOT AT HOME OR WORK: _____

ONGOING MEDICAL CONDITIONS: _____

CURRENT MEDICATION: _____

**CONSENT FOR EMERGENCY TREATMENT FOR
INTERSCHOLASTIC ACTIVITY INJURIES**

I, _____, the 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 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.

DATED

SIGNATURE OF PARENT OR GUARDIAN