

Honey Grove Independent School District

Emergency Information & UIL Forms

The information below is needed to participate in University Interscholastic League athletics. On the bottom of the back page is a place for a parent or guardian's signature. By signing this line, you will attest that you have read all the enclosed information concerning the student insurance policy, general information and eligibility rules. The signatures will also attest that you understand and agree to the statements within the medication consent and football participant warning. These signatures also attest to the complete and factual nature of all answered questions on the medical history. If these signatures are not provided, then the UIL will not recognize these forms to be complete and participation will not be allowed.

X Student's Name \_\_\_\_\_ Sex: Male \_\_\_ Female \_\_\_ Age: \_\_\_ Incoming grade: \_\_\_
Parent's Name \_\_\_\_\_ Student Birthdate: \_\_\_/\_\_\_/\_\_\_
Student's Social Security Number: \_\_\_\_\_ Primary Physician \_\_\_\_\_

MEDICATION CONSENT: Licensed Athletic Trainers, Coaches and Administrators designated by Honey Grove Independent School District are hereby given my consent to administer Non-prescription over the counter medication to said student. All efforts will be made to contact the parent before disbursement of said medication. Only Tylenol, Ibuprofen and medications for upset stomachs, nausea, or diarrhea will be administered to the above-mentioned student.

FOR FOOTBALL PLAYERS:

WARNING: NO HELMET CAN PREVENT ALL HEAD OR NECK INJURIES A PLAYER MAY RECEIVE WHILE PARTICIPATING IN FOOTBALL. DO NO USE THE HELMET TO BUTT, RAM, OR SPEAR AN OPPOSING PLAYER. THIS IS A VIOLATION OF THE FOOTBALL RULES AND SUCH CAN RESULT IN SEVERE HEAD AND/OR NECK INJURIES, PARALYSIS OR DEATH TO YOU AND POSSIBLY TO THE OPPONENTS. I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT.

STUDENT SIGNATURE: \_\_\_\_\_

HGISD Athlete Emergence Information: Please print except for signatures

X Student Name \_\_\_\_\_ Entering Year: 7th/8th/9th/10th/11th/12th Birthdate: \_\_\_\_\_
Parent/Guardian: (Father) \_\_\_\_\_ (Mother) \_\_\_\_\_
Email \_\_\_\_\_ Email \_\_\_\_\_
Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_
Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_
Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_
Athlete's Home Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
X Alternate Emergency Contact:
Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone# \_\_\_\_\_

X
X
X