

2017-2018

FWISD Student-Athlete Medical Emergency Card

2017-2018

PRINT OR WRITE INFORMATION CLEARLY WITH DARK INK. PLEASE DO NOT USE PENCIL OR RED INK

Student Name	FWISD student I.D. #	Gender (M/F)	Grade	Age
Current School: _____		Sports: _____		
Home Address	Zip Code	Home Phone	Date of Birth	
Name of Primary Care Physician	Office Phone	Hospital of Choice		
List any medications student is currently taking: _____				
List any specific medical allergies, chronic illness or other medical conditions to be aware of: _____				
PARENT/GUARDIAN INFORMATION				
Father's Name		Last 4 digits of SS #		Mother's Name
Father's Address		City/State		Mother's Address
Zip Code	Home Phone	Zip Code	Home Phone	
Cell Phone	Work Phone	Cell Phone	Work Phone	
Alternate Emergency Contact		Relationship to Student		Home Phone
Alternate Emergency Contact		Relationship to Student		Home Phone
				Other Phone
				Other Phone
PRIMARY INSURANCE INFORMATION				
My daughter/son is covered under insurance through: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> No Insurance Coverage				
Name of Group Health, Accident & Hospitalization Insurance Company: _____				
Address: _____		City/State: _____		Zip Code: _____
Phone: _____		Policy or Group #: _____		
CONSENT TO EMERGENCY MEDICAL TREATMENT				
<p>I do hereby consent to such school care and treatment as may be given to said student by any physician, athletic trainer, nurse, hospital or school representative, and hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whomsoever on account of such care and treatment of said student.</p> <p>I also give permission to the school district representative to use a copy of this form in case of need for emergency medical treatment while the original is kept with my child's medical records at the school. In such a case, the parent/guardian's or alternate emergency contact will be notified as quickly as possible.</p>				
Print Name – Parent/Guardian		Signature – Parent/Guardian		Date