

# FWISD Student-Athlete Medical Emergency Card

Print or Write information legibly with dark ink. Please do not use Pencil or Red Ink.

<hr/> Student Name	<hr/> Last 4 digits of SS #	<hr/> Gender (M/F)	<hr/> Grade	<hr/> Age
<hr/> Home Address	<hr/> Zip Code	<hr/> Home Phone	/ / Date of Birth	
<hr/> Name of Primary Care Physician	<hr/> Office Phone			
List any medication student is currently taking: _____				
List any specific medical allergies, chronic illness or other medical conditions to be aware of: _____				

## PARENT/GUARDIAN INFORMATION

<hr/> Father's Name	<hr/> Last 4 digits of SS #	<hr/> Mother's Name	<hr/> Last 4 digits of SS #
<hr/> Father's Address	<hr/> City/State	<hr/> Mother's Address	<hr/> City/State
<hr/> Zip Code	<hr/> Home Phone	<hr/> Zip Code	<hr/> Home Phone
<hr/> Cell Phone	<hr/> Work Phone	<hr/> Cell Phone	<hr/> Work Phone
<hr/> Alternate Emergency Contact	<hr/> Relationship to Student	<hr/> Home Phone	<hr/> Other Phone
<hr/> Alternate Emergency Contact	<hr/> Relationship to Student	<hr/> Home Phone	<hr/> Other Phone

## PRIMARY INSURANCE INFORMATION

My daughter/son is covered under insurance through: \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ 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

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.

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.

<hr/> Print Name – Parent/ Guardian	<hr/> Signature-Parent/Guardian	<hr/> Date
-------------------------------------	---------------------------------	------------