

Emergency Contact Information (AISD Archery)

Student's Name _____ Student ID# _____ Gender _____

Home School _____ Age _____ DOB _____ Grade _____

Home Address _____

Is your child covered under a health insurance plan Y/N _____ Insurers name _____

Policy/Group Number _____

Father/Legal Guardian Cell Phone _____ Work Phone _____

Mother/Legal Guardian Cell Phone _____ Work Phone _____

Emergency Phone Numbers

In the event of an emergency, what is the best way to reach you?

Father _____ **Mother** _____

If unable to reach Mother or Father

Contact Name _____ **Phone** _____

Relationship _____

Please list any allergies, conditions, or limitations that I need to be made aware of:

Please list any medications that your child is currently taking:

Consent Statement: If, in the judgment of any school representative the above named student should need immediate care and treatment as a result of any injury or sickness , I do hereby request, authorize, and consent to such care and treatment as may be given to said student by any physician, athletic trainer, nurse, hospital, or school representative, this includes the athletic trainer dispensing OTC medication as deemed necessary. I also authorize any physician to release confidential information concerning an athletic injury to the athletic trainer involved. **Note: Students are not insured under the AISD General Liability Insurance Policy**

Parent Name (Print) _____ Parent Signature _____

Date _____

