

Side 1

SCHOOL DISTRICT NO. 11
EMERGENCY INFORMATION CARD

PLAYER'S NAME: _____ GRADE: _____
DATE OF BIRTH: _____ AGE: _____
PARENT'S OR
GUARDIANS NAME: _____
ADDRESS: _____
PHONE: _____ WORK PHONE: _____
PHYSICIAN: _____ PHONE: _____
HOSPITAL PREFERENCE: _____
EMERGENCY NUMBER IF NOT AT HOME OR WORK: _____
CHRONIC AILMENTS: _____

(OVER: Please sign emergency treatment statement.)

Form No. 88546
100 Pkg

Side 2

CONSENT FOR EMERGENCY TREATMENT FOR INTERSCHOLASTIC
ACTIVITY INJURIES

I, _____, parent or guardian of
_____ in consideration of my
(son's)/(daughter's) 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