

Athletic Emergency Information Card

Name: _____ Date of Birth: _____
Last First MI

Father's Name: _____ Home Phone: _____
(Guardian) Cell Phone: _____ Work Phone: _____
Mother's Name: _____ Home Phone: _____
(Guardian) Cell Phone: _____ Work Phone: _____

List 2 neighbors or relatives who will assume temporary care of your child if you cannot be reached:

1. Name: _____ Number: _____
2. Name: _____ Number: _____

List any Medical conditions your child may have: _____

List any Medications your child is allergic to: _____

List any Medications, Inhaler(s), or Epipens your child is currently using: _____

Insurance information

Name of Insurance or Company: _____
Policy # _____ Group: _____
Name of primary person insured: _____

I hereby grant permission for employees of Kingsville ISD and/or its team or designated physician to secure medical services that are for the athlete's best interests. It is understood that neither the UIL nor the School District assume any responsibility in case an accident occurs. The KISD Athletic Department **does not** provide athletic insurance for athletes. I understand that KISD will not provide insurance for my child while in athletics and that any injury sustained by my child will be my sole financial responsibility.

Parent/Guardian Signature _____ Date: _____

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