

**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 friends 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 assumes 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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