

Austin Independent School District
EMERGENCY STUDENT INFORMATION CARD

Sport(s)

Austin ISD policy requires the completion of this permit for participation in athletics.

If, in the judgment of any representative of the school, the above student needs 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; and I do hereby agree to indemnify and save harmless the school district and any school representative from any claim by any person whatsoever on account of such care and treatment of said student.

1. _____
2. _____
3. _____

Parent Signature _____ Date _____

Name (*Last, First*) _____ Grade _____ Student ID # _____

School Attending _____ Home Phone _____

Home Address _____ City _____ Zip _____

Parent/Guardian(s) Name _____

Dad Wk _____ Cell _____ Email _____

Mom Wk _____ Cell _____ Email _____

Guardian Wk _____ Cell _____ Email _____

Parent's Insurance Co. _____ Preferred Hospital _____

Family Physician: _____ Office Phone _____

PLEASE PRINT