

**Emergency/Insurance Form  
2006-2007 School Year**

**Please complete & return- Please Print**

Athlete's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

Allergies or Allergic Reaction to Medication \_\_\_\_\_

Family Physician \_\_\_\_\_ Physicians Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Note any special Medical Conditions \_\_\_\_\_

Name of Friend or Relative \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Family Insurance Company \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Insurance Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

Name of Employer Providing Insurance \_\_\_\_\_

Parents' Name \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Father's Work Phone \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_

**MEDICAL CONSENT**

If, in the judgment of any representative of the Frisco ISD, the student named above 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, trainer, nurse or school representative.

**PARENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_