

List any known ALLERGIES. (Medications, Food, Etc.) Be Specific. _____

List any Medication taken on a regular basis. _____

Additional Comments _____

The **FISD** WILL NOT be responsible for medical or other cost related to injuries received by the above participant except to provide the insurance coverage outlined. No student will be permitted to participate in any practice, off-season program or contest prior to this document being on file with **FISD**.

I hereby give my consent for _____ to compete in University Interscholastic League approved sports, and travel with the coach or the other representative of the school on any trips.

If, in the judgment of any representatives 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, trainer, nurse, hospital, or school representative: and I do hereby agree to indemnify and save harmless Frisco I.S.D. And any school representative from any claim by any person whomsoever on account of such care and treatment of said student.

Parent's/Guardian's Signature

Date

Student's Signature

Date

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