Scoggins Middle School
Student Athlete Travel & Emergency Information Form
2009-2010

THE FOLLOWING INFORMATION AND AUTHORIZATION MUST BE FULLY COMPLETED, SIGNED AND RETURNED TO COACH RECER. – *Please Print*

Emergency Information

Athlete's Name _____ Birth Date _____
Last First Middle

Address _____, _____, TX _____
City Zip

Phone _____ Social Security # _____

Parent's Name – Mother _____ Father _____

Parent's Employer – Mother _____ Father _____

Daytime Phone(s) – Mother _____ Father _____

If parent/guardian cannot be reached, please notify: _____ Phone_____
Last Name First Name

Insurance Information

Family's Primary
Insurance Company _____ Phone _____

Circle One*: Individual Group HMO None* Policy # _____ Group # _____

Primary Physician _____ Phone _____

Insured Parent/Guardian Name _____ Employer _____

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 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 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