

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

THE FOLLOWING INFORMATION AND AUTHORIZATION MUST BE FULLY COMPLETED, SIGNED AND RETURNED TO COACH OLSON. – 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