

SCHOOL DISTRICT #11

EMERGENCY INFORMATION CARD

PLAYER'S NAME: _____ GRADE: _____

PARENT'S OR
GUARDIAN'S NAME: _____

ADDRESS: _____

PHONE: _____

WORK PHONE: _____

PHYSICIAN: _____ PHONE: _____

HOSPITAL PREFERENCE: _____

EMERGENCY # IF NOT AT HOME OR WORK: _____

**CONSENT FOR EMERGENCY TREATMENT FOR
INTERSCHOLASTIC ACTIVITY INJURIES**

I, _____, parent or guardian of
_____ in consideration of
their opportunity to participate in interscholastic activities, hereby consent
to emergency medical treatment, hospitalization or other medical
treatment as may be necessary for the welfare of the above named child,
by a physician, qualified nurse, and/or hospital, in the event of injury or
illness during all periods of time in which the student is away from his/her
legal residence as a member of an interscholastic activity team or group,
and hereby waive on behalf of myself and the above named child any
liability of the School District, any of its agents or employees, arising out of
such medical treatment.

DATED

SIGNATURE OF PARENT OR GUARDIAN