

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 NUMBER IF NOT AT HOME OR WORK: _____

CHRONIC AILMENTS: _____

(OVER: Please sign emergency treatment statement.)

Form no. 88546
100/Pkg.

CONSENT FOR EMERGENCY TREATMENT FOR
INTERSCHOLASTIC ACTIVITY INJURIES

I, _____, parent or guardian of
_____ in consideration of my
_____ 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