

Student ID #: _____

UIL Emergency Personnel Card

Name: _____ Age: _____ Date of Birth: _____ School Year: _____ - _____

Grade: _____ Sport(s): _____

Father's/Guardian's Name: _____ Cell Phone #: _____

Mother's/Guardian's Name: _____ Cell Phone #: _____

Home Address: _____ Home Phone #: _____

Father's/Guardian's Place of Employment: _____

Mother's/Guardian's Place of Employment: _____

Father's/Guardian's Work Phone #: _____

Mother's/Guardian's Work Phone #: _____

Parent(s) E-mail Address: _____

Family Doctor: _____ Dr. Phone: _____

Insurance Coverage Company _____

Insurance Address: _____

Policy Number: _____ Group Number: _____

Insurance Phone #: _____

Student Allergies: _____

Student Medications: _____

If, in the judgment of any representative of the school, the above student should need 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 many be given to the said student by any physician, trainer, nurse, EMT, or school representative, and I do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whomsoever on account of such care and treatment of the said student.

Parent/Guardian Signature

Date