

Name _____

PLEAS

Austin Independent School District
EMERGENCY STUDENT INFORMATION CARD

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Austin ISD policy requires the completion of this permit for participation in athletics.

1. _____

If, in the judgment of any representative 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, athletic trainer, nurse, hospital, or school representative; and I do hereby agree to indemnify and save harmless the school district and any school representative from any claim by any person whatsoever on account of such care and treatment of said student.

2. _____

3. _____

Parent Signature _____ Date _____

Name (Last, First) _____ Grade _____ StudentID# _____

School Attending _____ Home Phone _____

Home Address _____ City _____ Zip _____

Parent/Guardian(s) Name _____

Work _____ Cell _____ Email _____

Parent's Insurance Co. _____ Preferred Hospital _____

Family Physician: _____ Office Phone _____

****Athletics and Cheer Only****

austinisd.rankonesport.com

Austin ISD Athletic Department has switched over to online forms. You will complete all signatures and paperwork with the exception of the medical history and physical exam. Both the online forms and the physical exam must be completed before your student can participate in any practice or game, including the athletic period.

Online forms must be completed by the parent/guardian and student athlete simultaneously.

INSTRUCTIONS:

- ☐ Go to: **austinisd.rankonesport.com** or scan the QR code below
- ☐ Enter your students ID number and name as it is shown on their report card
- ☐ There are two separate electronic participation forms to complete: Contact Info and UIL forms
- ☐ Read, complete, and electronically sign both forms. Student and Parent/Guardian must sign at the same time
- ☐ Print a copy of the forms for your records only, if desired. Do not send in hard copies of online material
- ☐ Complete the physical exam with your physician and return both the medical history and physical exam with the emergency card above, to the designated school official

Does the student receive medication on a regular basis?
If yes, list medication(s) and frequency below.

Does the student have any allergies to any medication(s)?
If yes, list medication(s) below.

LIST OF MEDICATIONS AND FREQUENCY

LIST OF ALLERGIES

Medical History: Please list the month and year for any medical conditions, injuries and surgeries, fractures or other chronic problems.

DATE	DESCRIPTION