

RICHARDSON ISD EMERGENCY INFORMATION

Please fill out this form completely. (PRINT)

Name: _____ Age: _____

Grade: _____ Sport(s): _____

Parent/ Guardian: _____

Home #: _____ Work #: _____ Cell#: _____

Name of Neighbor/ relative who can be contacted if parent/guardian cannot be reached:

Name: _____ Relationship: _____

Home#: _____ Alt # _____

Do you have a Primary Care doctor? YES NO

If yes, Name: _____ Phone #: _____

Do you have a Preferred Hospital? YES NO

If yes, Name: _____

Is your child currently on any medication(s)? YES NO

If yes, list medication(s): _____

Does your child use and inhaler? YES NO

If yes, list inhaler type: _____

Does your child suffer from any allergies, chronic illness or any other medical conditions that the coaches/ athletic trainers should be aware of? YES NO

If yes, please list: _____

I do hereby 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 and any school representative from any claim by any person whomsoever on account on such care and treatment of said student.

Your signature below gives authorization that is necessary for the school district, its athletic trainers, coaches, associated physicians and student insurance personnel to share information concerning medical diagnosis and treatment for your student.

MEDICATION PERMIT

Licensed Athletic Trainers designated by the Richardson Independent School District are hereby given my consent to administer non-prescription medication to said student. An effort will be made to contact the parent before disbursement of said medications. Only Acetaminophen, Ibuprofen, FosFree or medication for upset stomachs will be administered.

Parent/Guardian Signature: _____ Date: _____