

Keller ISD Athletic Emergency Card

The Keller Independent School district does NOT subsidize insurance coverage for the athletes. The parent must provide insurance coverage, if desired. The District will work with an outside form for those of you who wish to have additional coverage. Your respective coach will provide this information to you when your student athlete reports to the individual sports in the fall.

I, _____ parent of _____ who is an athlete in the _____ grade at Keller ISD, will take full responsibility for any medical expenses incurred by my son/daughter as a result of injury while participating in organized athletic endeavors for KISD in the school year 20 ____ - 20 ____.

It is understood that even though the athlete wears protective equipment (including a football helmet), whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor KISD assumes any responsibility in case an accident occurs.

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 may be given said student by a physician, athletic trainer, nurse, or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student.

If between this date and the beginning of athletic competition, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

I hereby state, that to the best of my knowledge, my answers to the above questions are complete and correct.

Student Signature: _____ Parent Signature: _____ Date: _____

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Student Name: _____ Sex: M ___ F ___ Age: _____ Date Of Birth: _____

Grade: _____ Allergies: _____ Sports: _____

Address: _____ Home Phone: _____

Father's Name: _____ Home Phone: _____

Father's Cell: _____ Office Number: _____

Mother's Name: _____ Home Phone: _____

Mother's Cell: _____ Office Number: _____

EMERGENCY CONTACT IN CASE PARENTS/LEGAL GUARDIAN IS NOT AVAILABLE:

Name: _____ Relationship: _____

Home Phone: _____ Office Phone: _____ Cell Phone: _____

Personal Physician: _____ Phone Number: _____

Orthopedic Surgeon: _____ Phone Number: _____

Insurance Company Name: _____ Policy #: _____