

LEWISVILLE INDEPENDENT SCHOOL DISTRICT  
**STUDENT ATHLETE TRAVEL INFORMATION**

**EMERGENCY INFORMATION**

Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_, TX \_\_\_\_\_

Phone \_\_\_\_\_ Social Security # \_\_\_\_\_ Sex ( ) Male ( ) Female

Parent's Name – Mother \_\_\_\_\_ Father \_\_\_\_\_

Parent's Employer-Mother \_\_\_\_\_ Father \_\_\_\_\_

Daytime Phone(s)-Mother \_\_\_\_\_ Father \_\_\_\_\_

If parent/guardian cannot be reached, please notify: \_\_\_\_\_  
Name Phone

**INSURANCE INFORMATION**

Family Primary  
Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_

Circle One: Individual Group HMO None Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Primary Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insured Parent/Guardian's Name \_\_\_\_\_ Employer \_\_\_\_\_

List any known ALLERGIES. (Medications, Foods, Etc.) Be Specific: \_\_\_\_\_  
\_\_\_\_\_

List any Medication taken on a regular basis: \_\_\_\_\_  
\_\_\_\_\_

The Lewisville ISD WILL NOT be responsible for medical or other costs related to injuries received by the above participant except to provide the insurance coverage outlined. No student will be permitted to participate in any practice, off-season program or contest prior to this document being on file with Lewisville ISD.

I hereby give my consent for \_\_\_\_\_ to compete in University Interscholastic League approved sports and travel with the coach or other representative of the school on any trips.

If, in the judgement of any representatives 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, trainer, nurse, hospital, or school representative; and I do hereby agree to indemnify and save harmless Lewisville ISD and any school representative from any claim by any person whomsoever on account of such care and treatment of said student.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_