

**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