## LEWISVILLE INDEPENDENT SCHOOL DISTRTCT 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 b	be reached, please notify:		
INSURANCE INFORMA		ame	Phone
Family Primary Insurance Company			Phone
Circle One: <u>Individual</u> <u>Gr</u>	roup <u>HMO</u> None Policy #_		Group #
Primary Physician			Phone
Insured Parent/Guardian's	Name		_Employer
List any known ALLERGI	ES. (Medications, Foods, E	tc.) Be Spe	cific:
List any Medication taken	on a regular basis:		
received by the above parti	NOT be responsible for me cipant except to provide the pate in any practice, off-sear	dical or oth	ner costs related to injuries coverage outlined. No student m or contest prior to this
I hereby give my consent f Interscholastic League app school on any trips.		the coach	to compete in University or other representative of the
and treatment as a result of such care and treatment as or school representative: an	Fany injury or sickness, I do may be given to said studen and I do hereby agree to inderive from any claim by any p	hereby red t by any pl mnify and	re student needs immediate care quest, authorize, and consent to nysician, trainer, nurse, hospital, save harmless Lewisville ISD msoever on account of such care
Parent/Guardian Signature	Date St	udent Sign	ature Date