

# **\*\*Athletics Only\*\***

## **austinisd.rankonesport.com**

Austin ISD Athletic Department has switched over to online forms. You will complete all signatures and paperwork online, with the exception of the medical history and physical exam. Both the online forms and the physical exam must be completed before your student can participate in any practice or game, including the athletic period.

Online forms must be completed by the parent/guardian and student athlete simultaneously.

### **INSTRUCTIONS:**

- ☐ Go to: **austinisd.rankonesport.com** or scan the QR code below
- ☐ Enter your students ID number and name as it is shown on their report card
- ☐ There are two separate electronic participation forms to complete: Contact Info and Signature Page
- ☐ Read, complete, and electronically sign both forms. Student and Parent/Guardian must sign at the same time
- ☐ Print a copy of the forms for your records only, if desired. Do not send in hard copies of online materials
- ☐ Complete the physical exam with your physician and return both the medical history and physical page along with the emergency card below, to the designated school official



Name \_\_\_\_\_

**PLEASE PRINT**

Austin Independent School District  
**EMERGENCY STUDENT INFORMATION CARD**

**Sport(s)**

Austin ISD policy requires the completion of this permit for participation in athletics.

If, in the judgment of any representative 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, athletic trainer, nurse, hospital, or school representative; and I do hereby agree to indemnify and save harmless the school district and any school representative from any claim by any person whatsoever on account of such care and treatment of said student.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (Last, First) \_\_\_\_\_ Grade \_\_\_\_\_ StudentID# \_\_\_\_\_

School Attending \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian(s) Name \_\_\_\_\_

Work \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Parent's Insurance Co. \_\_\_\_\_ Preferred Hospital \_\_\_\_\_

Family Physician: \_\_\_\_\_ Office Phone \_\_\_\_\_

Does the student receive medication on a regular basis?  
If yes, list medication(s) and frequency below.

### LIST OF MEDICATIONS AND FREQUENCY

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Does the student have any allergies to any medication(s)?  
If yes, list medication(s) below.

**LIST OF ALLERGIES**

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**Medical History:** Please list the month and year for any medical conditions, injuries and surgeries, fractures or other chronic problems.

DATE \_\_\_\_\_

DESCRIPTION

[illegible]