| Name |  |
|------|--|
|------|--|

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

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

Parent's Insurance Co.

Family Physician:\_\_

## 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.

| loes the student receive medication on a regular basis? | Does the student have any allergies to any medication(s) |  |
|---|--|--|
| yes, list medication(s) and frequency below.            | If yes, list medication(s) below.                        |  |
| LIST OF MEDICATIONS AND FREQUENCY                       | LIST OF ALLERGIES  |  |
|   | £  |  |
|   | ,  |  |
|   |  |  |

Preferred Hospital

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

\_\_\_\_\_ Office Phone\_

| AIE | DESCRIPTION |  |
|-----|-------------|--|
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