

Keller ISD Athletic Emergency Card

The Keller Independent School district does NOT subsidize insurance coverage for extra-curricular activities. The parent must provide insurance coverage if desired. The District will work with an outside insurance company for parent/legal guardian who wishes to purchase coverage for the student. The respective school will provide parents and students with the information.

I _____ parent of _____ who is an athlete in the _____ grade at Keller ISD, will take full responsibility for any medical expenses incurred by my son/daughter as a result of injury while participating in organized extra-curricular activities at Keller ISD during the 2015-2016 school year.

It is understood that even though the athlete wears protective equipment (including a football helmet) whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor KISD assumes any responsibility in case an accident occurs during extra-curricular activities at KISD.

If in the judgment of any representative of the school, the above student should need 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 said student by a physician, athletic trainer, nurse, or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such injury and treatment of said student.

If between this date and the beginning of athletic competition, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

I hereby state, that to the best of my knowledge, my answers to the above questions are complete and correct.

Student Signature: _____ Parent Signature: _____ Date: _____

Keller ISD Extra-curricular Emergency Card

Student Name: _____ Sex: M__ F__ Age: _____ Date of Birth: _____

Grade: _____ Allergies: _____ Sports: _____

Address: _____ Home Phone: _____

Father/Legal Guardian: _____ Email Address: _____

Father/Legal Guardian: Home Phone: _____ Cell Phone: _____

Father/Legal Guardian: Home Address: _____

Mother/Legal Guardian: _____ Email Address: _____

Mother/Legal Guardian: Home Phone: _____ Cell Phone: _____

Mother/Legal Guardian: Home Address: _____

Emergency Contact in Case parent/legal Guardian is not available:

Name: _____ Relation: _____

Home Phone: _____ Cell Phone: _____

Personal Physician: _____ Phone Number: _____

Orthopedic Surgeon: _____ Phone Number: _____

Insurance Company Name: _____