

VENUS I.S.D EMERGENCY CARD

Student's Name: _____ Date of Birth: _____ Grade: ____ Sport: _____

Address: _____ City: _____ Zip Code: _____

List allergies to medications, foods, or insect bites (Include the reaction it causes):

In Case of Emergency, Contact the following person(s) in this order: (including yourself)

1. Name: _____ Home: _____ Cell #: _____ Work #: _____

2. Name: _____ Home: _____ Cell #: _____ Work #: _____

3. Name: _____ Home: _____ Cell #: _____ Work #: _____

If, in the judgement 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 any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school or hospital representative from any claim by any person on account of said student.

Parent or Guardian Signature

Date