

2019-2020

SMITHVILLE INDEPENDENT SCHOOL DISTRICT
DEPARTMENT OF ATHLETICS
Smithville, Texas

Emergency Care and Permission for Treatment

Student's Name (Last) _____ (First) _____ (MI) _____

Date of Birth: _____ Age _____ Sex ___ Male ___ Female Grade (9-12) _____

Student Cell Phone Number: _____ Allergies _____

Current Medical Conditions: Asthma ___ Yes ___ No Diabetes ___ Yes ___ No Other: _____

Parent or Guardian Information:

Name: _____

Name: _____

Relation: _____

Relation: _____

Home #: _____

Home #: _____

Cell #: _____

Cell #: _____

Additional Emergency Contact (in the event parent/guardian cannot be reached)

Name: _____

Phone: _____

Relation: _____

Parent or Guardian's Permit to Treat

- If, in the judgement of any representatives 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 whomsoever on account of such care and treatment of said student
- Your signature below gives authorization that is necessary for the school district, its licensed athletic trainers, coaches, associated physicians and student insurance personnel to share information concerning medical diagnosis and treatment for your student.

Parent/Guardian Signature

Student's Signature

Date

Parental Insurance/Information:

Name of Insurance Co. and Address:		
Name of Policy Holder:		Relationship to Policy Holder:
Policy #:	Group #:	Policy Holder's SS #:
Policy Holder's Place of Employment, Address, and Phone #:		

Smithville ISD offers supplemental insurance coverage for all SISD students through Texas Kids First Individual Accident-Only Insurance for Students. Smithville ISD would like to ensure that parents/guardians have the opportunity to review the attached material to determine if the coverage is applicable to your family. Please call 1-800-366-8354 or go online at www.texaskidsfirst.com for questions regarding coverage and payment options.

Please initial: I have read and reviewed the material presented regarding the Texas Kids First Supplemental Insurance Coverage.