

New Caney High School
Athletic Emergency Card

Athlete's Name _____ DOB _____ Age _____

Grade _____ Sports _____ Home Phone # _____

Street Address _____ City-State _____ Zip _____

Father's Name _____ Daytime Phone # _____

Father's Email: _____

Mother's Name _____ Daytime Phone # _____

Mothers Email: _____

Friend or Relative _____ Daytime Phone # _____ Home # _____

Name of other Health, Accident Insurance Plan (other than Athletic Insurance)

a. Mother _____ Father _____ Guardian _____ Self _____ USE YES AND NO FOR a&b

b. Employer _____ Personal _____

Insurance Co./ Address _____

Policy # _____ Phone # _____

Family Doctor _____ Phone # _____

Is your child Allergic to any Medicines or Drugs? Y/N

If yes, what ones? _____

Has your child had pervious medical injury or illnesses (Ex. Organs- Heart, Lungs, Ect... Conditions such as Asthma, Heart Problems, Concussions, Seizures, Ect.)

Please list them _____

Is your child taking any medications? Y/N

If yes, what ones? _____

I hereby give my consent for my child to compete in UIL approved sports and travel with the coach or other school representative of the school on trips. 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 to said student by any physician, athletic trainer, nurse, hospital, or school representative: and I do hereby agree to indemnify and save harmless school and any school representatives from any claim by any person whomsoever on account of such care and treatment of said student.

Parent/Guardian Signature & Date