



INTERSCHOLASTIC EMERGENCY INFORMATION CARD

(Please print)

School Year _____ - _____ Sport _____

Student's Name _____ High School _____

Matric # _____ Age _____ Birthdate _____
(Month) (Day) (Year)

Student's Home Address _____ Zip _____

Father _____ Home _____ Work _____ Cell _____

Mother _____ Home _____ Work _____ Cell _____

Guardian _____ Home _____ Work _____ Cell _____

Other individual to notify if necessary _____ Phone _____

Preferred Hospital _____ Family Physician _____ Phone _____

List any known allergies _____

List any medications the student is currently taking _____

List any current medical conditions the student is being treated for (i.e., asthma, diabetes, sickle cell trait) and the doctor's name and phone number _____

The team physician, Certified Athletic Trainer, and /or coach may apply emergency treatment until the parent/guardian can be contacted. We give our consent for school officials or coaches to use their own judgment in securing aid, transportation, and ambulance service in case the parent/guardian cannot be reached.

Parent/Guardian Signature _____ Date _____

ISC1002

Interscholastics | Tucson Unified School District

Revised: 11/07/12



PARENT/GUARDIAN PERMISSION FOR PARTICIPATION IN INTERSCHOLASTIC ACTIVITIES

Student's Name _____ Matric _____ Grade _____

Ethnicity:

White African American Hispanic American Indian or Alaskan Native Asian or Pacific Islander

We/I give our consent for _____ to engage in Interscholastic athletic competition and other activities during the school year _____ - _____. We/I realize that participation in organized Interscholastic athletics involves the potential for injury which is inherent in all sports. We/I give consent for the Certified Athletic Trainer to administer therapeutic and rehabilitative techniques, as recognized by Arizona Licensure Law, to assist in recovery from injury/illness. We acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observation of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis, quadriplegia, or even death.

WE ACKNOWLEDGE THAT WE HAVE READ AND UNDERSTAND THIS WARNING

(This school district does not carry an accident insurance policy to cover injuries sustained in the Interscholastic program. Accident insurance is the responsibility of the parents or guardians. As a convenience, an individual accident insurance policy form may be picked up in the high school Activities office. Payment and/or correspondence is through the insurance company.)

We/I certify that the address/phone number listed below is correct. We/I accept the responsibility of notifying the school if this address/phone number should change during the current school year.

We do have medical insurance for the student named above. Yes No

(Signature of Parent/Guardian) (Date)

(Home Address) (Zip Code)

(Home Phone) (Emergency/Parent's Work Phone)

OFFICE USE:

Physical Exam _____ Fees _____ Grades _____ Emergency Card _____ Date of Birth _____

ISC1003

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<http://www.tusd1.org>