

FBISD Special Olympics Emergency Form

Athlete's Name: _____ Age: _____

Address _____

Grade: _____ School: _____

Birth date: _____ Sport/Coach _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contact Person: _____ Phone #: _____

Is the athlete taking medication routinely? Yes _____ No _____

If yes, what type and how often? _____

Physician: _____

Phone#: _____ Policy # _____

Parent/Guardian Permit Waiver

If, in the judgment of any representative of the district, the said athlete should need immediate care and treatment as a result of an injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given to said athlete by any physician, trainer, nurse, or district representative, and I do hereby agree to indemnify and save harmless the district and any district representative from any claim by any person whomsoever on account of such care and treatment of said athlete.

Signature of Parent/Guardian

Date