Sport ______ Sport ______

Parent Permit to Travel/Emergency Treatment Card

Student's name: ______ (Last, First, MI) Date of birth: ___/___/___ Sex: ☐ male ☐ female

Student's social security: ___ ___ ___-___ ___-___ ___ ___ ___ School: ______ Grade ______

Address: ______ (Street, City, State, Zip) Home phone: ______

Father's name: ______ Employer: ______

Father's *Cell/Pager* ______ Work Phone ______

Mother's name: ______ Employer: ______

Mother's *Cell/Pager* ______ Work Phone ______

Family physician: ______ Office number: ______

Emergency contact in case parent/guardian *cannot* be reached

Name: ______ Relationship: ______

Phone: *(home)* ______ *(work)* ______

I herby give my consent for the above student to compete in University Interscholastic League, or school sponsored activities approved events, and travel with coach, sponsor or representative of the school on any trips.

Neither the University Interscholastic League nor Conroe ISD assumes any responsibility in case an accident occurs.

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 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 and any school representative from any claim by any person whomsoever on account of such care and treatment of said student.

CISD 35

______ Parent/Guardian signature ______ Date

Sponsor Copy of Travel Card

To be completed by parents/guardians

Insurance Information

Medical History - *Does your child have a previous history of:*

	Yes	No
Bone/joint injury or disease?	☐	☐
Neck injury?	☐	☐
Being unconscious/knocked out?	☐	☐
Seizures/convulsion?	☐	☐
Frequent headaches?	☐	☐
Bleeding/blood disorders?	☐	☐
Heat illness	☐	☐
Allergies (seasonal, insects)?	☐	☐
Allergies (medications)?	☐	☐
Heart disease?	☐	☐
High blood pressure?	☐	☐
Heart murmur?	☐	☐
Viral infection (mono)?	☐	☐
Eye/vision problems?	☐	☐
Missing/non-functioning limbs	☐	☐
Asthma?	☐	☐
Emotional disturbance?	☐	☐
Take medication?	☐	☐
Had surgery in the past year?	☐	☐
Currently under physicians care?	☐	☐
Wearing contacts/glasses?	☐	☐

Date of recent immunizations:

Tetanus: ______

Hepatitis: ______

Insurance Information

My child is covered under the insurance policy of *(check one)*:
☐ father ☐ mother ☐ none

Insured's name ______

Insurance company ______

Insurance company address ______

______

Insurance company phone number ______

Group # ______

Policy # ______

Explain all "yes" answers. ______

______

______

______

Insurance Information
Medical History - *Does your child have a previous history of:*

	Yes	No
Bone/joint injury or disease?	☐	☐
Neck injury?	☐	☐
Being unconscious/knocked out?	☐	☐
Seizures/convulsion?	☐	☐
Frequent headaches?	☐	☐
Bleeding/blood disorders?	☐	☐
Heat illness	☐	☐
Allergies (seasonal, insects)?	☐	☐
Allergies (medications)?	☐	☐
Heart disease?	☐	☐
High blood pressure?	☐	☐
Heart murmur?	☐	☐
Viral infection (mono)?	☐	☐
Eye/vision problems?	☐	☐
Missing/non-functioning limbs	☐	☐
Asthma?	☐	☐
Emotional disturbance?	☐	☐
Take medication?	☐	☐
Had surgery in the past year?	☐	☐
Currently under physicians care?	☐	☐
Wearing contacts/glasses?	☐	☐

Date of recent immunizations:

Tetanus: ____________________

Hepatitis: ____________________

Training Room Copy of Travel Card

To be completed by parents/guardians

Insurance Information

My child is covered under the insurance policy of *(check one)*:
☐ father ☐ mother ☐ none

Insured's name ____________________

Insurance company ____________________

Insurance company address

____

____

Insurance company phone number ____________________

Group # ____________________

Policy # ____________________

Explain all "yes" answers. ____________________

____

____

Parent Permit to Travel/Emergency Treatment Card

Student's name: ____________________ Date of birth: ___/___/___ Sex: ☐ male ☐ female
Last *First* *MI*

Student's social security: ___ ___ ___-___ ___-___ ___ ___ ___ School: ____________________ Grade ______

Address: ____________________ Home phone: ____________________
Street *City* *State* *Zip*

Father's name: ____________________ Employer: ____________________

Father's *Cell/Pager* ____________________ Work Phone ____________________

Mother's name: ____________________ Employer: ____________________

Mother's *Cell/Pager* ____________________ Work Phone ____________________

Family physician: ____________________ Office number: ____________________

Emergency contact in case parent/guardian *cannot* be reached

Name: ____________________ Relationship: ____________________

Phone: *(home)* ____________________ *(work)* ____________________

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____
Parent/Guardian signature