# STUDENT ATHLETE INFORMATION

**(PLEASE USE BLACK INK)**

Name: _____
LAST FIRST MIDDLE

Address: _____ Student ID Number: _____

_____ TEXAS _____ Social Security Number: _____
City Zip

Home Phone: _____ Grade: _____ Birthdate: _____

| | **Full Name** | **Business** | **Business Phone** |
|---|---|---|---|
| Father: | | | |
| Mother: | | | |

**Person to contact in case of emergency:**

**1.** _____ **Relation:** _____

_____ _____ _____
**Home** **Cell** **Work**

**2.** _____ **Relation:** _____

_____ _____ _____
**Home** **Cell** **Work**

# MEDICAL AUTHORIZATION

Student's Name: _____ Date: _____

We authorize the Dripping Springs ISD representative:

a) To represent us before any medical institute where it may be necessary to send out son/daughter while he/she is under its care.
b) To give, in our name, the necessary authorization for surgery in case of emergency, when medical authorities deem it indispensable, and all attempts have been made to contact the parents and/or emergency contact person.
c) To represent us while he/she is under its custody.
d) To authorize the release of medical records and information as well as medical insurance information to the DSISD Athletic Trainer, coaches, and healthcare providers as needed for treatment of injuries and illness to my son/daughter.

_____ _____ _____
Parent/Guardian Signature Date Student Signature

**Revised 5-24-05**

# MEDICAL EXPENSES/INSURANCE FORM

Name: _____
LAST FIRST MIDDLE

**PART I:** Please read and sign:

I hereby release the DRIPPING SPRINGS INDEPENDENT SCHOOL DISTRICT from responsibility for any injuries that should occur to my child in all athletic programs for the 2005-2006 school year. I understand that I am responsible for all medical expenses associated with participation in the program.

_____ _____
Parent/Guardian Signature Date

**PART II:**

It is the policy of DRIPPING SPRINGS INDEPENDENT SCHOOL DISTRICT that all students participating in athletics must have insurance coverage before they will be allowed to participate. Please provide the basic true and correct insurance information below. If there are any changes to the insurance information then it is the responsibility of the Parent/Guardian to update that information as necessary.

Insurance Company: _____

Group Number: _____

Policy Number: _____

Parent/Guardian signature: _____ Date: _____

If you are having difficulty acquiring health insurance, the state of Texas offers affordable health care insurance for children through the Children's Health Insurance Program (CHIP). You can get more information about CHIP by visiting their website at…

**http://www.hhsc.state.tx.us/chip/**

or by calling…

**1-800-647-6558**

**Revised 5-24-05**