

Waller Independent School District

STUDENT'S NAME (Please Print): _____

SCHOOL THAT WILL BE ATTENDED FOR THE SCHOOL YEAR: _____

DATE OF BIRTH: _____ SEX: _____ GRADE FOR NEXT SCHOOL YEAR: _____

HOME ADDRESS: _____

ALLERGIES: _____ DRUG ALLERGIES: _____

EMERGENCY MEDICAL INFORMATION

MALE PARENT OR GUARDIAN

NAME _____

HOME # _____

WORK # _____

CELL # _____

FEMALE PARENT OR GUARDIAN

NAME _____

HOME # _____

WORK # _____

CELL # _____

PLEASE LIST TWO ADDITIONAL EMERGENCY CONTACTS

NAME _____

RELATION _____

PHONE _____

NAME _____

RELATION _____

PHONE _____

OVER THE COUNTER MEDICATION

(Applies to High School students athletes only)

Please sign here if you give consent for Waller ISD athletic trainers to administer non-prescription over the counter (OTC) medicine to the above named student athlete. OTC medications includes, but not limited to Tylenol, Advil, Motrin IB, Aleve, Pepto-Bismol, Imodium A-D, Benadryl, Sudafed, Emetrol, Robitussin, cough drops, electrolytes or generics.

PARENT/GUARDIAN SIGNATURE: **X** _____

PARENT OR GUARDIAN'S PERMIT

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

It is understood that even though protective equipment is worn by the athlete whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the high school assumes any responsibility in case an accident occurs.

I have read and understand the University Interscholastic League rules and agree that my son/daughter will abide by all of the University Interscholastic League rules.

If, in the judgment of any representatives of the school, the above student needs 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.

PARENT/GUARDIAN SIGNATURE **X** _____ DATE: _____