



Denison High School Student Information Card

Student Name _____ Date of Birth _____

Current Grade Level _____

Address _____ City _____ State _____ Zip _____

Phone _____ Allergies _____

Known Medical Problems _____

Parents or Legal Guardian's Name _____

Address _____ City _____ St. _____ Zip _____

Home Phone _____ Work Phone _____

Parents or Legal Guardian's Employer _____

Address _____ City _____ St. _____ Zip _____

Family Physician _____ Phone # _____

Address _____ City _____ St. _____ Zip _____

Contact person other than parent/guardian _____

Phone Number _____

Insurance Information

Company Name _____ Policy Number _____

Address _____ City _____ St. _____ Zip _____

Applicable Phone Numbers _____

If Military: Rank _____ Unit _____ Serial # _____

Parent or Guardian Permit

Student Name _____

School _____ Grade Level _____

I, the undersigned parent or legal guardian, do hereby request, authorize and consent to such care and treatment as may be reasonable and necessary as a result of any injury or sickness that the above-named student shall sustain. I understand that in the event medical treatment is necessary, that the School District will attempt to contact me first, but in the event I cannot be contacted, I do hereby request that such medical care and treatment as may be necessary shall be given to the above-named 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. It is understood that this indemnity agreement includes, without limitation, any claim that the School district or its representatives were negligent on the occasion in question. I am also aware, as the parent or legal guardian of the student, that all charges which may be incurred during the course of treatment of any sickness or injury will be my responsibility.

Signature of Parent or Legal Guardian

Date

Student's Insurance Company

Policy Number

Allergies:

Other Medical Conditions:
