Name	
	PLEASE PRINT
Austin Independent EMERGENCY STUDENT	
Austin ISD policy requires the completion of	this permit for participation in athletics.
If, in the judgment of any representative of the school, the a result of any injury or sickness, I do hereby request, authobe given to said student by any physician, athletic trainer, nu agree to indemnify and save harmless the school district and a whatsoever on account of such care and treatment of said students.	above student needs immediate care and treatment as prize, and consent to such care and treatment as may 2
Parent Signature	Date
Name (Last, First)	Grade StudentID#
School Attending	Home Phone
Home Address	City Zip
Parent/Guardian(s) Name	
Work Cell E	mail
Parent's Insurance Co	Preferred Hospital
Family Physician:	Office Phone
Athlet	ics and Cheer Only
austinisd.	rankonesport.com
with the exception of the medical history and phy	r to online forms. You will complete all signatures and paperwork online, ysical exam. Both the online forms and the physical exam must be any practice or game, including the athletic period.
Online forms must be completed by the parent/g	uardian and student athlete simultaneously.
INSTRUCTIONS:	



☐ Go to: austinisd.rankonesport.com or scan the QR code below

the emergency card above, to the designated school official

☐ Enter your students ID number and name as it is shown on their report card

☐ There are two separate electronic participation forms to complete: Contact Info and UIL forms

Read, complete, and electronically sign both forms. Student and Parent/Guardian must sign at the same time
 Print a copy of the forms for your records only, if desired. Do not send in hard copies of online materials

☐ Complete the physical exam with your physician and return both the medical history and physical page along with