

PLEASE PRINT

TRABUCO HILLS HIGH SCHOOL
ATHLETIC EMERGENCY CARD

ATHLETE'S LAST NAME	FIRST NAME	GRADE	BIRTHDATE
ADDRESS			HOME PHONE

STUDENT INSURANCE: "I certify that my son/daughter (or ward) is insured for accidental death insurance in an amount of \$1500 and for at least \$1500 insurance protection for medical and hospital expenses resulting from accidental bodily injury while participating in or practicing for inter-school athletic events, or while being transported to and from such athletic events."

NAME OF INSURANCE COMPANY	POLICY or GROUP NUMBER	PARENT/GUARDIAN SIGNATURE		Circle Pupil Living With	
FATHER'S FULL NAME	EMPLOYER	BUSINESS ADDRESS	BUSINESS PHONE	YES	NO
MOTHER'S FULL NAME	EMPLOYER	BUSINESS ADDRESS	BUSINESS PHONE	YES	NO
STEPARENT/GUARDIAN	EMPLOYER	BUSINESS ADDRESS	BUSINESS PHONE	YES	NO

Please list two persons in the LOCAL area who will assume temporary care of your child if you cannot be reached:

1. Name _____ Phone _____ 2. Name _____ Phone _____

Family Physician _____ Phone _____

PARENT CONSENT: I hereby give my consent for the above named son/daughter (or ward) to compete in sports and to go with a representative of the school on any trips. In case this pupil is injured, you are authorized to have him/her treated.

PARENT/GUARDIAN SIGNATURE

(Please notify the school of any change of information on this card)

List any health problems _____