

**TRABUCO HILLS HIGH SCHOOL ATHLETIC EMERGENCY CARD**

ATHLETE'S LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ GRADE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME / CELL PHONE \_\_\_\_\_

STUDENT INSURANCE: "I certify that my son/daughter (or ward) is insured for accidental death insurance in a 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."

INSURANCE CO / PHONE NUMBER \_\_\_\_\_ POLICY / GROUP NUMBER \_\_\_\_\_ PARENT / GUARDIAN SIGNATURE \_\_\_\_\_

Circle Student Living With  
YES NO

FATHER'S FULL NAME \_\_\_\_\_ EMPLOYER \_\_\_\_\_ BUSINESS ADDRESS \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

YES NO

MOTHER'S FULL NAME \_\_\_\_\_ EMPLOYER \_\_\_\_\_ BUSINESS ADDRESS \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

YES NO

STEP PARENT/GUARDIAN \_\_\_\_\_ EMPLOYER \_\_\_\_\_ BUSINESS ADDRESS \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

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

Name \_\_\_\_\_ Phone \_\_\_\_\_ 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 school of any changes to the information on this card)*

List any health problems \_\_\_\_\_