SUMMER CAMP EMERGENCY CARD		
		HIGH SCHOOL
Student	Sport	Grade Level Birthdate
Address	City	Phone
Student lives full time withParents	Legal Guardian	Other
EMERGERNCY CONTACTS		
a) Parent/Guardian(s)		Phone
		Phone
b) Other		Phone
INSURANCE INFORMATION		
My son/daughter (or ward) is covered for the	ne above activity under ou	ur family Health/Medical Plan which
provides a minimum coverage of \$1,50	00 as required by Ed Code	#32220-24
		Policy#
I have purchased the school insurance plan.	(Verified by Financial Cler	rk)
PHYSICAL INFORMATION		
A physical is required to participate in any athletic	activity. Please initial bel	low:
Medical Physical Completed (Verified by t	ne Athletic Trainer)
	MEDICAL TREATME	NT INFORMATION
Warning: The undersigned Parent/Guardian under for exposure to illness or disease, including, but n		this Activity involves potential risk, including personal injury, potential d accept such risk.
Please read and initial below:		
USE OF TRAINER CONSENT: I give permission	on for the Athletic Trainer t	to administer first aid, follow-up treatment and
rehabilitation when appropriate in his/her	professional judgment as a	approved by the consulting physician.
MEDICAL CARE/TREATMENT CONSENT: In	the event of an accident/e	emergency, I give permission for the school authorities
to take my (our) child to any available doct	or or hospital. If you do no	ot initial on the line what action would you
like the school to take		
The student athlete is currently taking the	ollowing MEDICATIONS	
The student athlete has the following ALLE	RGIES	
	RULES OF C	CONDUCT
Student is expected to conduct him/herself as a g		
for suspension from athletic activity.		
a) Profanity at an athletic event		d) Theft
b) Improper conduct at an athletic	event or on a bus	e) Unauthorized use of school equipment/facilities
c) Defiance of authority		f) Use or possession of tobacco, alcohol or drugs
The parent/guardian signing this dod	ument for the abov	ve named child, hereby agrees to release, hold
1		on High School District, its High Schools, its
governing board, its officers, employ	ees, and agents, in	cluding camp coaches at the camp my child
is attending for any injury, illness, di	sease, property da	mage or for other harm they incur during
the camp. The undersigned agrees t	o assume all risks a	arising from, or relating to, camp activities.
Date Signature of Parent/G	uardian	Signature of Student