

Please submit two signed copies of this form

For Office Use Only

CORONA-NORCO UNIFIED SCHOOL DISTRICT
AUTHORIZATION FOR EMERGENCY MEDICAL CARE (WAIVER)

Student #: \_\_\_\_\_

PURPOSE: To enable parents and guardians to authorize the provision of emergency treatment for student-athletes who become ill or injured while under school authority, when parents or guardians cannot be easily reached.

- 1. Student Name(last): \_\_\_\_\_ (first) \_\_\_\_\_ (MI) \_\_\_\_\_ Grad Year: \_\_\_\_\_
ADDRESS: \_\_\_\_\_ SEX: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_
CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_
2. FATHER'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_
EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_
3. MOTHER'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_
EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_
4. Name of person, other than parent or guardian, who is authorized to approve emergency medical treatment:
PHONE: \_\_\_\_\_
5. FAMILY DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

HEALTH INSURANCE CO: \_\_\_\_\_

POLICY ID# \_\_\_\_\_

In the event reasonable attempts to contact me/us at the above locations, or other person(s) named in item 4 above fail, full authorization is given for (1) the administration of any treatment deemed to be necessary by a medical practitioner; and (2) the transfer of son/daughter or ward to any medical practitioner; and (3) the transfer of son/daughter or ward to any licensed hospital or emergency clinic reasonably accessible. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required and given to provide Authority and Power on the part of school authorities and aforesaid agent(s) to give reasonable care. Facts are given below concerning the student's medical history which a medical practitioner should know.

Allergies: \_\_\_\_\_ Allergies to specific medications(s): \_\_\_\_\_

Any previous significant medical problems: \_\_\_\_\_

Sickle Cell Trait/Disease: Yes [ ] No [ ]

Asthma: Yes [ ] No [ ]

ATHLETIC TRANSPORTATION PERMIT

Have you attended a different school at any point in high school? [ ] Yes [ ] No

Dear Parent/Guardian:

Your consent is required to permit your child to be transported for athletic activities. No student will be permitted to participate in athletic activities off campus without a signed permission slip.

\_\_\_\_ I DO permit my child to be transported by the Corona-Norco Unified School District or District approved charter bus service.

I hereby grant permission for the District to allow emergency medical treatment if required and accept liability for such treatment.

As stated in California Education Code Section 35330, I understand that I hold the Corona-Norco Unified School District its officers, agents and employees harmless from any and all liability and claims, which may arise out of or in connection with my child's participation in this activity.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Athletic Office Use Only
CNUSD Athletic Clearance Date: \_\_\_\_\_ Season: Fall Winter Spring Level: V JV F Sport: \_\_\_\_\_
Physical Exam: \_\_\_\_\_ Personal Insurance: \_\_\_\_\_ Myers Stevens: All Both Football
Academic Clearance: \_\_\_\_\_ Last School Attended: \_\_\_\_\_ Residence Eligibility Y