



FOLSOM CORDOVA UNIFIED SCHOOL DISTRICT

Athletic/Extra Curricular Participation

EMERGENCY INFORMATION

Student Name: _____

Grade: _____ Birth Date: _____ Age: _____

Parent/Guardian Name: _____

Address: _____

Home Phone: _____

Father's Cell Phone: _____ Father's Email: _____

Mother's Cell Phone: _____ Mother's Email: _____

In an emergency if parents cannot be contacted, please notify:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

In emergency cases, do you give permission for the team physician, trainer, and/or coach to apply first aid treatment until the family doctor can be contacted? Yes No

Family Doctor: _____ Phone Number: _____

Student's Insurance Company: _____

HEALTH HISTORY	YES	NO
Kidney Injuries		
Heart Condition or Disease		
Diabetes		
Asthma		
Allergic to Bee Stings		

DATE OF LAST TETNUS SHOT:

Does student carry an inhaler? Yes No

While competing does the student wear:

Glasses		
Contacts		
Knee or Ankle Brace Required		

Other medical conditions not listed above: _____

Allergies to medications or other: _____

School Use Only:

Student is academically eligible and has a 2.0 GPA or above: Yes No

Student was cleared to participate in athletics on _____, 20____

Signature: _____ Name: _____