

MBUSD – Mira Costa High School
ATHLETIC/ACTIVITY EMERGENCY CARD

Female ___ Male ___
Year 2018/2019

Print Last Name First Name Middle Initial Date of Birth Grade Sport

Address City Zip Home/Cell Phone Number

Did you transfer from another high school? List date, name, city and state of high school from which you transferred

Father/Guardian's Name Father/Guardian's Phone Number Mother/Guardian's Name Mother/Guardian's Phone Number

Father's Work Number Mother's Work Number Other to Call in Emergency (Name and Phone Number)

ALL AREAS OF THIS SECTION MUST BE FILLED IN COMPLETELY BY PARENT

- ▶ Medication(s) athlete uses: _____
- ▶ Purpose of medication: _____
- ▶ List any physical condition or injury that should be watched: _____

- ▶ Print physician's name _____ ▶ Print physician's phone number _____

NOTE: This card will travel with your child's coach at all times. Please make sure the information provided is complete and up to date.

***** PARENT CONSENT *****

I hereby give my consent for the above-named (student) to compete in sports and go with a representative of the school on any school related trip. **In case of injury, you are authorized to have him/her treated.**

▶ _____ ▶ _____ ▶ _____ ▶ _____
Date Parent/Guardian Signature Name of Insurance Co. Policy/Group No.

FOR OFFICE USE ONLY

Physical date:
