UPLAND HIGH SCHOOL – ATHLETIC EMERGENCY CARD

(**Please Print Firmly)**

LAST NAME	FIRST NAME	GRADE	BIRTHDATE

ADDRESS	CITY	ZIP	HOME PHONE

PLEASE LIST ALL SPORTS PLANNING TO PARTICIPATE IN

EMERGENCY CONTACT:

FATHER'S FULL NAME PLACE OF EMPLOYMENT BUSINESS PHONE

MOTHER'S FULL NAME PLACE OF EMPLOYMENT BUSINESS PHONE

STEP-PARENT/GUARDIAN PLACE OF EMPLOYMENT BUSINESS PHONE

Please LIST one person in the LOCAL area who will assume temporary care of your child if you cannot be reached:

Name_____ Phone_____

Family Physician_____ Phone_____

STUDENT INSURANCE: "I certify that my son/daughter (or ward) in insured for at least $1500.00 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."

NAME OF INSURANCE COMPANY

PARENT CONSENT: I hereby give my consent for the above named son/daughter 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. If any emergency should arise which requires immediate medical attention and we as parents or guardians cannot be contacted, you are authorized to take whatever steps are needed to protect the health of the student. Please list below all health conditions unique to your son/daughter.

PARENT/GUARDIAN SIGNATURE DATE

PLEASE COMPLETE

1. Serious illness/accident/chronic condition (allergy, diabetes, heart condition, epilepsy, asthma, etc.)_____
2. Emergency medication (NAME):_____
   Reason _____
3. Have you had any type of surgery?_____

***** MAKE THREE ADDITIONAL COPIES OF THIS FORM AFTER FILLING OUT AND ATTACH ALL TO PACKET***