

CUPERTINO HIGH SCHOOL
ATHLETIC EMERGENCY INFORMATION

School Year: 200__-200__

Please Print Legibly

Student's Name _____

Last First

Address: _____

Street Apt.#

City Zip Code

Parent/Guardian: _____

Name

Home Telephone:(____)_____

Work Telephone:(____)_____

Parent/Guardian: _____

Name

Home Telephone:(____)_____

Work Telephone:(____)_____

Date of Birth _____ Grade _____

Month Day Year

Who to contact in case of emergency other than parents:

Name: _____ Telephone:(____)_____

Name: _____ Telephone:(____)_____

Physician: _____

Physician Telephone:(____)_____

Dentist: _____

Dentist Telephone:(____)_____

Insurance Carrier: _____

Insurance Policy Number: _____

Special Health Considerations (allergies, medications, etc.): _____

I hereby give my consent for the above named student to compete in sports. I authorize the student to go with and be supervised by a representative of the school on any trips. In case this student becomes ill or is injured, you are authorized to have the student treated and I authorize the medical agency to render treatment.

Signature of Parent/ Guardian: _____ **Date:** _____