

AUHSD After School Intramural Sports/Activities Program

EMERGENCY HEALTH AND MEDICAL CONSENT FORM

STUDENT INFORMATION

Pupil's Name _____ Age _____ Grade _____ Student ID# _____

Birthdate _____ Gender M F

Address _____ City _____ ZIP _____

PARENT/GUARDIAN INFORMATION

Father's Name _____ Cell# _____

Mother's Name _____ Cell# _____

Family Physician _____ Phone _____

EMERGENCY INFORMATION

NOTE: Pupil may not be released from school or hospital without permission of a parent or other authorized adult. If an emergency situation requires that this pupil be dismissed from school and a parent cannot be reached, the school or hospital may contact:

Name/Relationship _____ Cell# _____

Name/Relationship _____ Cell# _____

STUDENT MEDICAL INFORMATION

NOTE: Parents must inform the school of any medication(s) a pupil takes regularly (ED CODE 49480).

Medication and Dosage _____

Does the student have any allergies? Yes No _____

Previous injuries/surgeries _____

Does the student have asthma? Yes No Date of last Tetanus booster _____

INSURANCE INFORMATION

NOTE: The school district does not pay physician fees or medical expenses for students who are injured at school or at off-campus school-sponsored activities. Student accident insurance that may defray some of these expenses is available through the school.

Did you purchase insurance through the school? Yes No

Subscriber Name _____

Insurance Company _____ Policy # _____ Phone _____

I/we hereby grant permission to the school, referred hospital, its physicians and/or athletic trainers to render first aid or emergency treatment and all preventative and rehabilitative treatment deemed reasonably necessary to protect the health and wellbeing of this pupil. **I/we additionally grant**, when deemed necessary, permission for hospitalization and emergency treatment at a competent and/or accredited facility for protecting the health and well-being of this pupil. **I/we further release** the Anaheim Union High School District, referred hospitals, its physicians and/or athletic trainers, agents, servants, and employees from any liability for damages and/or injury to this pupil. **I/we hereby accept** full responsibility for any and all damages or injuries sustained as a result of participation in sports.

Signature of Parent/Guardian _____ Date _____

Signature of Student Athlete _____ Date _____