	SUMMER CAMP	EMERGENCY CARD
		HIGH SCHOOL
Student	Sport	Grade Level Birthdate
		Phone
	Parents Legal Guardian	
EMERGERNCY CONTACTS		
		Phone
		Phone
b) Other		Phone
INSURANCE INFORMATIO	<u>N</u>	
My son/daughter (or ward	d) is covered for the above activity under ou	ır family Health/Medical Plan which
provides a minimum	coverage of \$1,500 as required by Ed Code	#32220-24
Name of Company	Subscriber	Policy#
I have purchased the scho	ool insurance plan. (Verified by Financial Cle	rk)
PHYSICAL INFORMATION		
	ate in any athletic activity. Please initial be	low:
Medical Physical Complet	ted (Verified by the Athletic Trainer	_)
	MEDICAL TREATM	MENT INFORMATION
exposure to illness or disease, in	ent/Guardian understands and accepts that including, but not limited to Covid-19, and ac	this Activity involves potential risk, including personal injury, potential for cept such risk.
Please read and initial below:		
USE OF TRAINER CONSEN	T: I give permission for the Athletic Trainer	to administer first aid, follow-up treatment and
rehabilitation when appro	opriate in his/her professional judgment as	approved by the consulting physician.
MEDICAL CARE/TREATM	ENT CONSENT: In the event of an accident/	emergency, I give permission for the school authorities
to take my (our) child to a	any available doctor or hospital. If you do no	ot initial on the line what action would you
like the school to take		
The student athlete is cur	rently taking the following MEDICATIONS _	
The student athlete has t	he following ALLERGIES	
	RULES O	F CONDUCT
Student is expected to conduct l for suspension from athletic act	him/herself as a gentleman/lady at all times ivity.	s. The following actions constitute grounds
a) Profanity at an	athletic event	d) Theft
b) Improper cond	duct at an athletic event or on a bus	e) Unauthorized use of school equipment/facilities
c) Defiance of au	thority	f) Use or possession of tobacco, alcohol or drugs
harmless, and to inden governing board, its off is attending for any inju	nnify the Huntington Beach Unic icers, employees, and agents, in ury, illness, disease, property da	ve named child, hereby agrees to release, hold on High School District, its High Schools, its cluding camp coaches at the camp my child mage or for other harm they incur during crising from, or relating to, camp activities.
Date Sign	nature of Parent/Guardian	Signature of Student