

**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 \_\_\_\_\_