

SERVITE HIGH SCHOOL EMERGENCY CARD



 (STUDENT LAST NAME) (FIRST) (MIDDLE) (GRADUATION YEAR)

 (STREET ADDRESS) (CITY) (ZIP)

 (HOME PHONE) (BIRTH DATE)

 (MOTHER'S NAME) (DAY PHONE) (SOCIAL SECURITY #)

 (FATHER'S NAME) (DAY PHONE) (SOCIAL SECURITY #)

IF PARENTS ARE NOT AVAILABLE, I WOULD LIKE THE FOLLOWING PERSON(S) NOTIFIED:

1. _____
 (NAME) (DAY PHONE)

2. _____
 (NAME) (DAY PHONE)

PLEASE INDICATE ANY HEALTH PROBLEMS OR PREVIOUS INJURIES OF WHICH THE SCHOOL SHOULD BE AWARE:

MEDICATIONS: _____

 (PHYSICIAN NAME) (ADDRESS) (PHONE)

If the above named student needs emergency treatment, he will be transported to the nearest medical facility by school personnel, trainers, or paramedics. Consent is hereby granted for such emergency treatment as may be considered necessary in the opinion of the attending physician. Further, I understand that according to school policy, all students must be covered by secondary insurance (provided through the student body fee). The school does not assume responsibility for payment of any physician, hospital, medical, or dental fees.

Parent/Guardian Signature _____

 (FALL SPORT)

 (WINTER SPORT)

 (SPRING SPORT)

 (DATE OF LAST TETANUS INOCULATION)

 (DRUG ALLERGIES)

CONTACT LENSES?

Student may participate in regular physical education activities?

* A statement from a physician is required for students requesting to be excused from physical education.

STUDENT INSURANCE INFORMATION

 (PRIMARY PROVIDER)

 (SUBSCRIBER POLICY #)

 (CERTIFICATE # / GROUP #)

 (ADDRESS)

 (PHONE NUMBER)

PERMISSION FOR OFF-CAMPUS TRIPS

Name(s) _____

You may also release my son to these individuals to be transported home from events. (These individuals must be listed on your carpool form in the Main Office. There are no exceptions to this requirement.)

CIF SOUTHERN SECTION CODE OF ETHICS - ATHLETES

By signing below, both the participating student athlete and the parents, legal guardian/caregiver hereby agree that they have received, read and understand the CIF Code of Ethics and that the student shall not use anabolic/androgenic steroids without the written prescriptions of a fully licensed physician (as recognized by the AMA) to treat a medical condition. We recognize that under CIF Bylaw 202, there could be penalties for false or fraudulent information.

We also understand that the Servite High School policy regarding the use of illegal drugs will be enforced for any violations of these rules.

SERVITE HIGH SCHOOL CONCUSSION INFORMATION SHEET

By signing below, both the participating student athlete and the parents, legal guardian/caregiver hereby agree that they have received, read and understand the Servite HS Concussion Information Sheet

 Student Printed Name

 Student Signature

 Date

 Parent/Guardian Printed Name

 Parent/Guardian Signature

 Date