

Anaheim Union High School District  
Athletic Emergency Health and Medical Consent Form

**Student Information**

Name: \_\_\_\_\_ School I.D. #: \_\_\_\_\_ Grade: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Zip: \_\_\_\_\_ Home Telephone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Parent/Guardian Information**

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_  
Father's place of business: \_\_\_\_\_ Work Telephone #: \_\_\_\_\_  
Mother's place of business: \_\_\_\_\_ Work Telephone #: \_\_\_\_\_  
Name of Family Physician: \_\_\_\_\_ Office Telephone #: \_\_\_\_\_

**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. Pupil accident insurance that may defray some of these expenses is available through the school.

Health Insurance Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subscriber Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Did you purchase insurance from the school? Yes \_\_\_\_ No \_\_\_\_ If yes, was the coverage for football only? Yes \_\_\_\_ No \_\_\_\_

Do you have a secondary insurance carrier? Yes \_\_\_\_ No \_\_\_\_ If yes, please provide the following information:

Health Insurance Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subscriber Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Emergency Information**

Note: Pupils 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: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Student Medical Information**

Note: Parents must inform the school of any medication a pupil takes regularly (ED Code 49480)

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Date of last tetanus booster: \_\_\_\_\_ Does the student have any allergies? Yes \_\_\_\_ No \_\_\_\_

If yes, please list: \_\_\_\_\_

List any previous injuries or surgeries. Give date(s) and area(s) involved.

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- I/we hereby grant permission to the school, referred hospitals, its physicians and/or athletic trainers to render first aid or emergency treatment, and all preventative or rehabilitative treatment deemed reasonable necessary to protect the health and well-being 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 damage 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.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_