

MBUSD – Mira Costa High School
ATHLETIC/ACTIVITY EMERGENCY CARD

Female ___ Male ___
Year 2021-2022

Print Last Name First Name Middle Initial Date of Birth Grade Sport

Address City Zip Home/Cell Phone Number

Did you transfer from another high school? List date, name, city and state of high school from which you transferred

Father/Guardian's Name Father/Guardian's Phone Number Mother/Guardian's Name Mother/Guardian's Phone Number

Father's Work Number Mother's Work Number Other to Call in Emergency (Name and Phone Number)

ALL AREAS OF THIS SECTION MUST BE FILLED IN COMPLETELY BY PARENT

Medication(s) athlete uses: _____

Purpose of medication: _____

List any physical condition or injury that should be watched: _____

Print physician's name _____ Print physician's phone number _____

NOTE: This card will travel with your child's coach at all times. Please make sure the information provided is complete and up to date.

***** PARENT CONSENT *****

I hereby give my consent for the above-named (student) to compete in sports and go with a representative of the school on any school related trip. **In case of injury, you are authorized to have him/her treated.**

▶ _____ ▶ _____ ▶ _____ ▶ _____
Date Parent/Guardian Signature Name of Insurance Co. Policy/Group No.

FOR OFFICE USE ONLY

Physical date: _____