Edison High School SUMMER CAMP EMERGENCY CARD

Student:	Sport:	_ Grade Level:	Birth Date:/_/	
Address:	City/S	State/Zip:		
Phone:				
I am living full time with: Parents	☐ Legal Guardian	Other:		
EMERGENCY CONTACTS:				
Parent/Guardian(s):	_ Business Phone:			
Parent/Guardian(s):		Business Phone:	Business Phone:	
Other Emergency Contact:		_ Phone:		
INSURANCE INFORMATION:				
My son/daughter (or ward) is covered provides a minimum coverage of \$1, Name of Company: I have purchased school Insurance Pl	500 as a required by ISubscribe	Ed Code #32220-24.	Policy #:	
WARNING: We realize there is a possibility that a child may suffer severe injuries, including permanent paralysis or death, as a result of participating in athletic activities.				
TRAINER CONSENT: I give permission to the Athletic Trainer to administer first aid, follow-up treatment and rehabilitation when appropriate in his/her professional judgement as approved by the consulting physician. TREATMENT CONSENT: In the event of an accident or emergency, I (we) give permission for the school authorities to take my (our) child to any available doctor or hospital, or if you do not check any of the above what action would you like taken.				
MEDICINE: You are currently taking ALLERGIES:				
Rules of Conduct: Student is expected to conduct him/herself a pension from athletic competition. A. Missing Practice without permission or the coach B. Profanity, either at school or an athletic C. Improper conduct in the athletic bus or event. D. Defiance of authority. E. Theft. Under penalty of perjury, the undersigned resident custody of the minor.	prior approval by F. G. S. event. H. Tat an athletic I.	Unauthorized use of equipal Suspension from school for The use or possession of Ton NARCOTICS will not be to Unsatisfactory conduct on at a school-related activity.	ment or locker room. r disciplinary action. OBACCO, ALCOHOL OR olerated. campus, in the classroom, or	

Signature of Parent/Guardian

Signature of Student

Date