

CUPERTINO HIGH SCHOOL  
**ATHLETIC EMERGENCY INFORMATION**

School Year: 200\_ - 200\_

Please Print Legibly

Student's name \_\_\_\_\_

Last

First

Address: \_\_\_\_\_

Street

Apt. #

City

Zip Code

Parent/Guardian: \_\_\_\_\_

Name

Home Telephone: (\_\_\_\_) \_\_\_\_\_

Work Telephone: (\_\_\_\_) \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Name

Home Telephone: (\_\_\_\_) \_\_\_\_\_

Work Telephone: (\_\_\_\_) \_\_\_\_\_

Sport: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Month

Day

Year

Grade: \_\_\_\_\_

Who to contact in case of emergency other than parents:

Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Physician: \_\_\_\_\_

Physician Telephone: (\_\_\_\_) \_\_\_\_\_

Dentist: \_\_\_\_\_

Dentist Telephone: (\_\_\_\_) \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

Special Health Considerations (allergies, medications, etc.): \_\_\_\_\_

I hereby give my consent for the above named student to compete in sports. I authorize the student to go with and be supervised by a representative of the school on any trips. In case this student becomes ill or is injured, you are authorized to have the student treated and I authorize the medical agency to render treatment.

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