

# Bishop Alemany High School

## Emergency Card

To be completed every academic year, after May 31<sup>st</sup>

Name (Last, First) \_\_\_\_\_ Grade \_\_\_\_\_

Sex \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Email Address (required) \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_ Contact # \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_ Contact # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

1<sup>st</sup> Contact # \_\_\_\_\_ 2nd Contact # \_\_\_\_\_

Family Physician \_\_\_\_\_ Contact # \_\_\_\_\_

Health Insurance Provider \_\_\_\_\_ Policy # \_\_\_\_\_

Insurance Type (HMO, PPO, etc) \_\_\_\_\_

Known Medical Conditions/ Medication/

Allergies \_\_\_\_\_

We, the undersigned Parent(s) or Guardians(s) of the above named student, a minor, do hereby consent to his participation in Athletics at Bishop Alemany High School and we also hereby authorize a representative of Bishop Alemany High School to act as agent(s) to consent to any X-Ray, anesthetic, Medical or surgical diagnosis or treatment and hospital care deemed advisable and rendered by a licensed physician or surgeon, whether in his office or in a licensed hospital. This authorization is given in advance of any required care to empower a representative or official of the school to give consent for such treatment as the physician may deem advisable. This authorization is given pursuant to the provision of Section 258 of the Civil Code of the State of California and is deemed effective unless revoked in writing.

On (date) \_\_\_\_\_ at (city) \_\_\_\_\_

California. The undersigned declare under penalty of that they are the Parent(s) or legal guardian(s) of the above named student and grant the above authorization.

\_\_\_\_\_  
Signed (Mother or female guardian)

\_\_\_\_\_  
Signed (Father or male legal guardian)