

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	Student's Mobile Phone #	

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

Mother/Guardian's Name	Mobile Phone#	Email	Work and/or Home Phone#s
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Father/Guardian's Name	Mobile Phone#	Email	Work and/or Home Phone#s
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Additional contact(s) to call in case of emergency _____ Mobile Phone #s _____

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: _____