## SUMMER CAMP EMERGENCY CARD

	HIGH SCHOOL
Student Sport	
	Phone
Student lives full time withParentsLegal GuardianOther	
EMERGERNCY CONTACTS   a) Parent/Guardian(s)	Phone
	Phone
	Phone
INSURANCE INFORMATION	
My son/daughter (or ward) is covered for the above activity under our family Health/Medical Plan which	
provides a minimum coverage of \$1,500 as required by Ed Code #3222	
Name of CompanySubscriber	
I have purchased the school insurance plan. (Verified by Financial Clerk)	
PHYSICAL INFORMATION	
A physical is required to participate in any athletic activity. Please initial below:	
Medical Physical Completed (Verified by the Athletic Trainer)	
MEDICAL TREATMENT INFORMATION	
Warning: The undersigned Parent/Guardian understands and accepts that this Activity involves potential risk, including personal injury, potential for exposure to illness or disease, including, but not limited to Covid-19, and accept such risk.	
Please read and initial below:	
USE OF TRAINER CONSENT: I give permission for the Athletic Trainer to administer first aid, follow-up treatment and	
rehabilitation when appropriate in his/her professional judgment as approved by the consulting physician.	
MEDICAL CARE/TREATMENT CONSENT: In the event of an accident/emergency, I give permission for the school authorities	
to take my (our) child to any available doctor or hospital. If you do not initial on the line what action would you	
like the school to take	
The student athlete is currently taking the following MEDICATIONS	
The student athlete has the following ALLERGIES	
RULES OF CONDUCT Student is expected to conduct him/herself as a gentleman/lady at all times. The following actions constitute grounds	
for suspension from athletic activity.	5 5
a) Profanity at an athletic event	d) Theft
b) Improper conduct at an athletic event or on a bus	e) Unauthorized use of school equipment/facilities
c) Defiance of authority	f) Use or possession of tobacco, alcohol or drugs
The parent/guardian signing this document for the above named child, hereby agrees to release, hold harmless, and to indemnify the Huntington Beach Union High School District, its High Schools, its governing board, its officers, employees, and agents, including camp coaches at the camp my child is attending for any injury, illness, disease, property damage or for other harm they incur during the camp. The undersigned agrees to assume all risks arising from, or relating to, camp activities.	
Date Signature of Parent/Guardian	Signature of Student