

**SALINAS UNION HIGH SCHOOL DISTRICT
ELIGIBILITY & EMERGENCY INFORMATION CARD**

Athlete's Name _____ I.D.# _____

School _____ Sport(s) _____

Grade _____ Age _____ Male Female Birthdate _____

Address _____

City/State _____ Zip _____

(1) Parent or guardian's name _____

Home Phone _____ Work Phone _____ Cell phone _____

Medical Insurance Co. _____

Policy Number _____

Physician's name _____ Phone _____

(2) Emergency contact _____

Relationship to athlete _____

Home Phone _____ Work Phone _____ Cell Phone _____

IMPORTANT!

Are you allergic to any drugs? _____ If so, what? _____

Do you have any other allergies? (i.e., bee sting, dust) _____

Do you suffer from _____ asthma, _____ diabetes, or _____ epilepsy? (Check any that apply)

Are you on any medication? _____ If so, what? _____

Do you wear contacts? _____ Other: _____

This is to certify that I authorize the school physician or emergency personnel to administer the necessary medical care to my son/daughter should an injury/accident occur while participating in any interscholastic sport or activity. I give my consent for my son/daughter to participate in athletics or other school activities. I authorize this student to be released from school as required in order to participate in the sport or activity.

 **Parent/Guardian Signature** _____

 **Date** _____

 **E-mail Address** _____

(For office use only) Probation _____