

SANTA MARGARITA CATHOLIC HIGH SCHOOL EMERGENCY HEALTH FORM

Student's Name _____ S.S. # _____ Date _____
Address _____ City _____ Zip _____
Phone _____ Grade _____ Sex M/F Birth date _____
Father's Name _____ Mother's Name _____
Father's Place of work _____ Phone _____
Mother's place of work _____ Phone _____
Student's Last Tetanus/Toxoid Booster _____
Allergies to any Drugs of Foods _____
Any Special Medications or Pertinent Information _____

Check One

I give permission for the Athletic Trainer or authorized substitute to issue Aspirin Tylenol Ibuprofen to my **Son** as requested by my **Son** Yes No

May the above student be given a Health Examination by the School Physician? Yes No

May the school officials call a Physician to attend the above student in case of an emergency if the Parent or Guardian cannot be immediately contacted? Yes No

Name of Physician preferred _____ Phone _____

Insurance Company _____

*** Dental Insurance is available through the school at a minimal cost***

In Case of Emergency, And Parents Cannot be Reached, The School May Call,

Name _____ Phone _____

Name _____ Phone _____

Authorization to Treat a Minor

I (We) the undersigned Parent(s) or Legal Guardian of _____, a minor do hereby authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the Medical staff. This also includes Emergency Room staff licensed under the provisions of the Medicine Practice Act or a Dentist licensed under the provisions of the Dental Practice Act. This does not exclude the staff of any Acute General Hospital holding a current license to operate a Hospital from the State of California Department of Public Health. It is understood that this Authorization is given in advance of any specific diagnosis, treatment, or Hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This Authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

We (parent/guardian and student) have read and understood the Civil Code and are aware of the responsibilities and obligation our **son** has taken. We approve and will support this code. We also understand that sports (especially contact sports) are potentially dangerous and could lead to serious injury, paralysis or death. We understand that a medical doctor will not be in attendance at practices or games. Knowing these facts, we give our consent for our **son** to participate in athletics or activities and to travel with a representative of the school on team trips.

Parent/guardian signature

Date

Student signature

Date