

SUMMER CAMP EMERGENCY CARD

Ocean View High School

Student _____ Sport _____ Grade Level _____ Birthdate _____

Address _____ City _____ Phone _____

Student lives full time with _____ Parents _____ Legal Guardian _____ Other _____

EMERGENCY CONTACTS

a) Parent/Guardian(s) _____ Phone _____

_____ Phone _____

b) Other _____ 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 #32220-24

Name of Company _____ Subscriber _____ Policy # _____

_____ I have purchased the school insurance plan. (Verified by Financial Clerk _____)

MEDICAL TREATMENT INFORMATION

Warning: We realize there is a possibility that a child may suffer severe injuries, including permanent paralysis or death, as a result of participating in athletic activities.

Please read and initial below:

_____ **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.

_____ **TREATMENT CONSENT:** In the event of an accident or emergency, I (we) 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** _____

PHYSICAL INFORMATION

A physical is required to participate in any athletics activity, please initial below:

_____ **PHYSICAL COMPLETED** (Verified by the Athletic Trainer _____)

_____ I refuse to have my child complete a physical and am accepting full liability as stated below.

I/we, the parent(s) or guardian(s) of the above named child, hereby release, absolve, indemnify and hold harmless the Huntington Beach Union High School District, Ocean View High School, and any coach involved in the summer camp my child is attending for any injuries or damages he/she may receive during the camp. I/we assume all risks and hazards incidental to the conduct of the camp activities. I/we hereby acknowledge that the above named child is covered under the health/medical plan named above.

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.

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

UNDER PENALTY OF PERJURY, THE UNDERSIGNED STATE THEY ARE THE PARENTS, GUARDIANS OR OTHER PERSON HAVING LEGAL CUSTODY OF THE MINOR.

_____ Date

_____ Signature of Parent/Guardian

_____ Signature of Student