



**SEQUOIA UNION HIGH SCHOOL DISTRICT
EMERGENCY MEDICAL INFORMATION**
(Must be completed in order to be registered)

STUDENT ID

Student's Information:

(Last) _____ (First) _____ (Middle Initial) _____ Date of Birth: _____

Street Address: _____ City: _____ Zip: _____

Mother's/Guardian's Name: _____ Home Phone: _____

Mother's Employer: _____ Work or Cell Phone: _____

Father's/Guardian's Name: _____ Home Phone: _____

Father's Employer: _____ Work or Cell Phone: _____

Must be filled out — Emergency Contact if parent/guardian not available:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Physician's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

List any medication for allergies: _____ Date of last tetanus shot: _____

List any medications being taken now: _____

I hereby grant permission to authorized school personnel to administer basic first aid to: _____ (Name of student) as appropriate. In case of accident or acute illness, I grant permission for authorized school personnel to arrange transportation for my child to the closest hospital or dentist. I understand that an effort will be made to notify me before such action is taken and the expense of this service and any subsequent medical expenses will be assumed by me. I give permission for the above-named minor to participate in the activities indicated and in so doing absolve SUHSD, their employees and officers from such liability that may arise as the result of that participation.

Signature: _____ **Date:** _____
(Parent/Guardian Only)

Please note any special instructions, emergency concerns or special arrangements (e.g., health, custody, etc.)
