



STEELE CANYON HIGH SCHOOL
COACH'S EMERGENCY CARD
PLEASE PRINT EXCEPT WHEN SIGNATURE IS REQUIRED.

FALL SPORT: _____ WINTER SPORT: _____ SPRING SPORT: _____ INDICATE SPORT
INDICATE SPORT NAME INDICATE SPORT NAME INDICATE SPORT NAME

NAME: _____ GRADE: _____ BIRTHDATE: _____ STUDENT ID#: _____
LAST FIRST MIDDLE INITIAL

HOME ADDRESS: _____ CITY: _____ ZIP CODE: _____

MOTHER/GUARDIAN NAME: _____ HOME #: _____ CELL#: _____ WORK# _____

FATHER/GUARDIAN NAME: _____ HOME #: _____ CELL#: _____ WORK# _____

EMERGENCY CONTACT NAME: _____ HOME #: _____ CELL#: _____ WORK# _____

ALLERGIES/NOTED MEDICAL PROBLEMS: _____

The above named student has my permission to participate in athletics and travel with a representative of Steele Canyon High School on school trips. In case of injury the school representative is authorized to have him/her treated or hospitalized.

PARENT/LEGAL GUARDIAN: _____ DATE: _____
SIGNATURE

PHYSICIAN'S NAME: _____ PHONE #: _____

MEDICAL INSURANCE: SCHOOL: _____ PRIVATE: _____
MUST PROVIDE COMPANY NAME AND POLICY #