ENCINA HIGH SCHOOL

ATHLETIC DEPARTMENT

Athletic Clearance
Routing Slip

Name: ____________________________  Fall Sport  ____________________________
ID#  ____________________________  Winter Sport  ____________________________
Phone Numbers  ____________________________  Spring Sport  ____________________________
          Home  ____________________________
          Cell  ____________________________

Eligibility
• Did you attend Encina High School  Yes ____  No ____ last year?
  If you answered No, then you must see the Athletic
  Director to determine what your CIF eligibility status.

Please complete each step in the process below before going to the next step.

Step One:  Take home
AD  Parent
_____  _____ Have parents and student-athletes completed the Agreement for Team
        Participation?
_____  _____ Have parents and student-athletes completed the Use of Steroid form?
_____  _____ Have parents and student-athletes finished the Athletic Transportation form?
_____  _____ Have parents completed the Emergency Card?

Step Two:  Take home
AD  Parent
_____  _____ Completed the SJUSD physical form
_____  _____ Current grade check (Fall)
_____  _____ Current grade check (Winter)
_____  _____ Current grade check (Spring)

Final Clearance:  ____________________________

Date:  ____________________________

• You are not permitted to practice or compete until the Athletic Director
  has issued a final clearance.
• Students participating in more than one sport during a season must
  meet with the Athletic Director and the sport coaches.
San Juan Unified School District

AGREEMENT FOR TEAM PARTICIPATION
(including Waivers and Releases of Potential Claims and Statement of Other Obligations)

All sections of this Agreement must be completed, with the signed original turned in to the School Office, before a Student will be allowed to participate in any manner in any Team Activities defined below.

<table>
<thead>
<tr>
<th>Name of Student</th>
<th>Address</th>
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<tbody>
<tr>
<td>Grade:</td>
<td>DOB:</td>
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<tr>
<td>School:</td>
<td>Telephone:</td>
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<tr>
<td>Team:</td>
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</table>

In Consideration for the Student’s ability to participate in the Team [including any Sport, Cheerleading, Dance, or Marching Band], including try outs for the Team, participation in Team practices or training sessions, receiving coaching, training, and direction, participating in Team events, shows, performances, and competitions, and traveling to and from any of the foregoing activities (“Team Activities”), the Student and the Parent or Legal Guardian (“Adult”) signing this Agreement agree as follows:

1. It is a privilege, not a right, to participate in extra-curricular activities, including Team Activities. The privilege may be revoked at any time, for any reason, that does not violate Federal, State or District laws, policies or procedures. There is no guaranty that the Student will make the Team, remain on the Team, or actively participate in Team events, shows, performances or competitions. Such matters shall remain exclusively within the judgment and discretion of the District and its employees.

2. The Student and the Adult understand the nature of the Team, including the inherent or potential risks of Team Activities. The Student is in sufficiently good health and physical condition to participate in Team Activities, and voluntarily wishes to participate in Team Activities. Before participating in a Team Activity, a medical clearance shall be submitted (valid for one calendar year), signed by a medical doctor (nurse practitioners, chiropractors or other non-California licensed medical doctors are not acceptable), stating that the Student has been physically examined and is deemed to be in sufficiently good health and fitness so that the Student may fully participate in Team Activities.

3. Education Code Section 32221.5 requires us to notify you that “Under state law, school districts are required to ensure that all members of school athletic teams have accidental injury insurance that covers medical and hospital expenses. This insurance requirement can be met by the school district offering insurance or other health benefits that cover medical and hospital expenses. Some pupils may qualify to enroll in no-cost or low-cost local, state, or federally sponsored health insurance programs. Information about these programs may be obtained by calling the Healthy Families Information line at 800-880-5305 or Cover the Kids at 866-850-4321.

Education Code Section 32221 requires that such insurance cover medical and hospital expenses resulting from bodily injuries in one of the following amounts: (a) a group or individual medical plan with accident benefits of at least $200 for each occurrence and major medical coverage of at least $10,000, with no more than $100 deductible and no less than 80% payable for each occurrence; (b) group or individual medical plans which are certified by the Insurance Commissioner to be equivalent to the required coverage of at least $1,500; or (c) at least $1,500 for all such medical and hospital expenses. You may meet this obligation in one of two ways:

Option 1: Private medical insurance. If this option is selected please provide the name of the insurance company and the policy number, list coverage dates or “continuous”). By signing below, the Adult certifies that the Student is presently covered, and will remain covered during the length of the Team Season, under the Policy and that the Policy complies with Section 32221.

Option 2: Purchase insurance meeting the requirements of Section 32221, for the period during which the Student is participating in the Team, through a coverage provider made available through the District (contact Risk Management at 971-7756 for additional information). If you are financially unable to pay for such insurance contact Risk Management at 971-7756 to see if a payment waiver is available. If this option is selected, it remains the obligation of the Student and Adult to ensure that such coverage is actually purchased; the District assumes no liability or obligation arising from any actual or alleged failure timely to assist or obtain such coverage for the Student.

4. The Student shall comply with the instruction and directions of Team Activity teachers, coaches, supervisors, chaperones, and instructors. During the Student’s participation in Team Activities, as well as academic and/or other school activities, the Student shall comply with all applicable Codes of Conduct. The Student shall also generally conduct himself/herself at all times in keeping with the highest moral and ethical standards so as to reflect positively on himself/herself, the Team and the District. Failure to meet these obligations may, in the discretion of the District, result in immediate removal from Team Activities and a prohibition against any future involvement in Team Activities or other extra-curricular activities. Should the violation of these obligations also result in bodily injury or property damage during a Team Activity, the Adult will (a) pay to restore or replace any property damaged as a result of the Student’s violation, (b) pay any damages caused to bodily injury to an individual, and (c) defend, protect and hold the District harmless from such property damage or bodily injury claims.
5. Team Activities contain potential risks of harm or injury, including harm or injury that may lead to permanent and serious physical injury to the Student, including paralysis, brain injury, or death ("Injuries") Injuries might arise from the Student's actions or inactions, the actions or inactions of another Student or participant in a Team Activity, or the actual or alleged failure by District employees, agents or volunteers to adequately coach, train, instruct, or supervise Team Activities. Injuries might also arise from an actual or alleged failure to properly maintain, use, repair, or replace physical facilities or equipment available for Team Activities. Injuries might also arise from undiagnosed, improperly diagnosed, untreated, improperly treated, or untimely treated actual or potential Injuries, whether or not caused by the Student's participation in Team Activities. All such risks are deemed to be inherent to the Student's participation in Team Activities. By this Agreement, the Student and Adult are deemed to fully assume all such risks and, in consideration for the right of the Student to participate in Team Activities, understand and agree that to the fullest extent allowed by law they are waiving and releasing any potential future claim they might otherwise have been able assert against the District, or any Board Member, employee, agent or volunteer of the District ("Released Parties") by or on behalf of the Student or any parent, administrator, executor, trustee, guardian, assignee or family member.

6. If the Student believes that an unsafe condition or circumstance exists, or otherwise feels or believes that continued participation in Team Activities might present a risk of injury, the Student will immediately discontinue further participation in Team Activities, notify School personnel of the Student's belief, and notify a parent or guardian of the Student's belief. Any parent or guardian of the Student shall, thereafter, not allow the Student to participate in Team Activities until the unsafe condition or circumstance is remedied, with any question or concern regarding the alleged existence of the unsafe condition or circumstance addressed to their satisfaction.

7. Emergency medical information regarding the Student is on file with the District and is current. The Adult agrees to provide updated medical information during the course of the Student's participation in Team Activities. If an injury or medical emergency occurs during Team Activities, District employees, agents or volunteers have my express permission to administer or to authorize the administration of urgent or emergency care, including the transportation of the Student to an urgent care or emergency care provider. In such circumstances, notice to me and/or the Emergency Contact of the injury or medical emergency may be delayed. Therefore, any urgent or emergency care provider has my express authority to conduct diagnostic or anesthetic procedures, and/or to provide medical care or treatment (including surgery), as they may deem reasonable or necessary under all existing circumstances. All costs and expenses associated with such care are solely my responsibility.

8. Employees, agents or volunteers of the District, members of the press or media, or other persons who may attend or participate in Team Activities, may photograph, videotape, or take statements from the Student. Such photographs, videotapes, recordings, or written statements may be published or reproduced in a manner showing the Student's name, face, likeness, voice, thoughts, beliefs, or appearance to third parties, including, without limitation, webcasts, television, motion pictures, films, newspapers, yearbooks, and magazines. Such published or reproduced items, whether or not for a profit, may be used for security, training, advertising, news, publicity, promotional, informational, or any other lawful purpose. I hereby authorize and consent to any such publications or reproductions, without compensation, and without reservation or limitation.

9. This Agreement shall be governed by the laws of the State of California. This Agreement is to be broadly construed to enforce the purposes and agreements set forth above, and shall not be construed against the Released Parties solely on the basis that this Agreement was drafted by the District. If any part of this Agreement is deemed invalid or ineffective, all other provisions shall remain in force. No oral modification of this Agreement, or alleged change or modification of its terms by subsequent conduct or oral statements is allowed. This Agreement contains the sole and exclusive understanding of the parties, with no other representation relied upon by the Adult or Student in determining whether to execute this Agreement or in agreeing to participate in Team Activities.

BY SIGNING BELOW: (1) I AM GIVING UP SUBSTANTIAL ACTUAL OR POTENTIAL RIGHTS IN ORDER TO ALLOW THE STUDENT TO PARTICIPATE IN TEAM ACTIVITIES; (2) I HAVE SIGNED THIS AGREEMENT WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE, AND WITH FULL APPRECIATION OF THE RISKS INHERENT IN TEAM ACTIVITIES; (3) I HAVE NO QUESTION REGARDING THE SCOPE OR INTENT OF THIS AGREEMENT; (4) I, AS A PARENT OR LEGAL GUARDIAN, HAVE THE RIGHT AND AUTHORITY TO ENTER INTO THIS AGREEMENT, AND TO BIND MYSELF, THE STUDENT, AND ANY AND ANY OTHER FAMILY MEMBER, PERSONAL REPRESENTATIVE, ASSIGN, HEIR, TRUSTEE, OR GUARDIAN TO THE TERMS OF THIS AGREEMENT; (6) I HAVE EXPLAINED THIS AGREEMENT TO THE STUDENT, WHO UNDERSTANDS HIS/HER OBLIGATIONS.

Printed Name of Parent/Guardian  Signature  Date
As the Student, I understand and agree to all of obligations placed on me by this Agreement.

Printed Name of Student  Signature  Date

RETURN THIS FORM TO THE ATHLETIC DIRECTOR AT YOUR CHILD'S SCHOOL SITE
Please contact Risk Management at 971-7756 if you have any insurance questions.
San Juan Unified School District

AGREEMENT FOR STUDENT ATHLETE AND PARENT/GUARDIAN
REGARDING USE OF STEROIDS

__________________________________________ (print name of student athlete)

As a condition of membership in the California Interscholastic Federation (CIF) and in accordance with Education Code 49030, the Governing Board of the San Juan Unified School District has adopted Board Policy 5131.63 prohibiting the use and abuse of androgenic/anabolic steroids as specified below. CIF Bylaw 524 requires that all participating students and their parents/guardians sign this agreement.

By signing below, we agree that the student shall not use androgenic/anabolic steroids or any dietary supplement on the U.S. Anti-Doping Agency banned substance list without a written prescription from a licensed health care practitioner to treat a medical condition.

We recognize that under CIF Bylaw 200.D the student may be subject to penalties, including ineligibility for any CIF competition, if the student or his/her parent/guardian provides false or fraudulent information to the CIF.

We understand that the student’s violation of the district’s policy regarding steroids may result in discipline against him/her including, but not limited to, restriction from athletics or suspension or expulsion from school.

__________________________________________  __________________________
Signature of student athlete                              Date

__________________________________________  __________________________
Signature of parent/guardian                             Date

5/07
Athletic Activities Transportation Form
San Juan Unified School District (SJUSD)

Date __/__/__ Student Name ____________________________________________________________________________________
Address __________________________________________________________________________________________________

School __________________________________________________________________________________________________

Grade ___________ ☐ Male ☐ Female ___________ Transfer ☐ Yes ☐ No

Sport(s) __________________________________________________________________________________________________

TRANSPORTATION INFORMATION - BY COMMERCIAL VEHICLE
Trips that involve requests for commercial/private bus carrier must be scheduled through the Business Operations office and may be approved on a limited basis. Such requests must be in writing to the appropriate instructional division director. Students/parent groups shall not make arrangements directly with common carriers. (AR 6153)

TRANSPORTATION INFORMATION - BY SCHOOL VEHICLE
→ School vehicles may provide transportation for field trips and for special approved activities. Such trips may be taken in buses or in other school transportation vehicles owned, leased, or rented by the district, or by public transportation. (BP 3541.1)
→ SJUSD vehicle insurance only provides coverage when team members are transported to games/practices by district owned vehicles. All students must travel with team members when the District provides transportation.

TRANSPORTATION INFORMATION - BY PRIVATE AUTOMOBILE FOR SCHOOL DESIGNATED VOLUNTEER DRIVERS
→ Students may be transported by private automobile for approved school-sponsored and district supervised activities when the vehicle is driven by an adult (age 21) and when the driver has registered and filed a completed Volunteer/Employee Vehicle Usage Form. All school designated volunteer drivers transporting students on officially authorized school business, or related school activities, must have the usage form completed pursuant to district guidelines and must meet district insurance requirements. In addition, school designated volunteer drivers transporting students must comply with the district fingerprint policy. (BP 3541.1)
→ The district vehicle insurance DOES NOT provide coverage for students when they are being transported by school designated volunteer drivers. All vehicle liability insurance coverage is the responsibility of the individual transporting the students. THE DISTRICT DOES NOT PROVIDE LIABILITY OR ANY OTHER INSURANCE COVERAGE (COMPREHENSIVE, MEDICAL, THEFT, VANDALISM, ETC.).

→ HOLD HARMLESS CLAUSE: All school designated volunteer drivers transporting students shall hold harmless SJUSD, its officers, agents and employees of and against any and all claims, losses, liabilities, or damages, including payment of attorney’s fees, arising out of or resulting from the performance of transporting students, caused in whole or in part by any act, negligence, or omission of the non-district persons.

→ HOLD HARMLESS CLAUSE: California Law provides as follows: “All persons making the field trip or excursion shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion.” (Education Code Section 35330) In addition, all adults taking out-of-state field trips or excursions and all parent or guardians of pupils taking out-of-state field trips or excursions shall sign a statement waiving such claims. I acknowledge that, as a condition of my student’s participation, this waiver of all claims shall be extended to any and all claims against the school, its employees and volunteers, the district, its governing board, the individual members thereof, and all other district officers, agents and employees. Further, I agree to indemnify and hold harmless the school, its employees and volunteers, the district, its governing board, the individual members thereof, and all other district officers, agents and employees for any injury, harm, accident, illness, death, loss, liability, cost, expense or claim of any type whatsoever (including attorney’s fees) or damage to personal property occurring during or by reason of this excursion/field trip or event. My signature on this form shall constitute an informed and knowing waiver as required by law.

• When I am a school designated volunteer driver, it is my responsibility to provide proof of liability insurance and comply with the district fingerprint policy when transporting students to athletic events.
• I hold SJUSD harmless when my student is not being transported by a District vehicle.
• SJUSD has permission to transport my student to all athletic events when district transportation is available.

My signature below authorizes all of the above mentioned:

Parent/Guardian Name ___________________________________ Home # ___________________________ Work/Cell # ________________
Parent/Guardian Signature ___________________________ Please Print ___________________________ Date __/__/__

All questions or concerns regarding insurance should be referred to Risk Management at 971-7756

RETURN THIS FORM TO THE ATHLETIC DIRECTOR AT YOUR CHILD'S SCHOOL SITE

5/2007
THE INFORMATION BELOW MUST BE COMPLETED BY PARENT/GUARDIAN PRIOR TO DOCTOR'S SIGNATURE

I hereby state that, to the best of my knowledge, my answers to the questions BELOW are complete and correct.

Signature of athlete ____________ Signature of parent/guardian ____________ Date ____________

Explain "Yes" answers below

1. Has a doctor ever denied or restricted your participation in sports for any reason? [ ] Yes [ ] No
2. Do you have an ongoing medical condition (like diabetes or asthma)? [ ] Yes [ ] No
3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines? [ ] Yes [ ] No
4. Do you have allergies to medicines, pollens, foods, or insect stings? [ ] Yes [ ] No
5. Have you ever passed out or nearly passed out during exercise? [ ] Yes [ ] No
6. Have you ever passed out or nearly passed out after exercise? [ ] Yes [ ] No
7. Have you ever had discomfort, pain, or pressure in your chest during exercise? [ ] Yes [ ] No
8. Does your heart race or skip beats during exercise? [ ] Yes [ ] No
9. Does your heart race or skip beats after exercise? [ ] Yes [ ] No
10. Has a doctor ever told you that you have? Check all that apply: High blood pressure [ ] Yes [ ] No, High cholesterol [ ] Yes [ ] No, A heart murmur [ ] Yes [ ] No, A heart infection [ ] Yes [ ] No
11. Has a doctor ever ordered a test for your heart? (For example, ECG, echocardiogram) [ ] Yes [ ] No
12. Has anyone in your family died for no apparent reason? [ ] Yes [ ] No
13. Has any family member or relative died of heart problems or sudden death before age 50? [ ] Yes [ ] No
14. Does anyone in your family have Marfan syndrome? [ ] Yes [ ] No
15. Have you ever spent the night in a hospital? [ ] Yes [ ] No
16. Have you ever had surgery? [ ] Yes [ ] No
17. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendinitis, that caused you to miss practice or game? If yes, circle affected area below. [ ] Yes [ ] No
18. Have you had any broken or fractured bones or dislocated joints? If yes, circle affected area below. [ ] Yes [ ] No
19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below. Head, Neck, Shoulder, Upper Arm, Elbow, Forearm, Hand/Finger, Chest, Upper Back, Lower Back, Hip, Thigh, Knee, Calf/Shin, Ankle, Foot/Toes [ ] Yes [ ] No
20. Have you ever had a stress fracture? [ ] Yes [ ] No
21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability? [ ] Yes [ ] No
22. Do you regularly use a brace or assistive device? [ ] Yes [ ] No
23. Has a doctor ever told you that you have asthma or allergies? [ ] Yes [ ] No
24. Do you cough, wheeze, or have difficulty breathing during or after exercise? [ ] Yes [ ] No
25. Is there anyone in your family who has asthma? [ ] Yes [ ] No
26. Have you ever used an inhaler or taken asthma medicine? [ ] Yes [ ] No
27. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ? [ ] Yes [ ] No
28. Have you had infectious mononucleosis (mono) within the last month? [ ] Yes [ ] No
29. Do you have any rashes, pressure sores, or other skin problems? [ ] Yes [ ] No
30. Have you had a herpes skin infection? [ ] Yes [ ] No
31. Have you ever had a head injury or concussion? [ ] Yes [ ] No
32. Have you been hit in the head and been confused or lost your memory? [ ] Yes [ ] No
33. Have you ever had a seizure? [ ] Yes [ ] No
34. Do you have headaches with exercise? [ ] Yes [ ] No
35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? [ ] Yes [ ] No
36. Have you ever been unable to move your arms or legs after being hit or falling? [ ] Yes [ ] No
37. When exercising in the heat, do you have severe muscle cramps or become ill? [ ] Yes [ ] No
38. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease? [ ] Yes [ ] No
39. Have you had any problems with your eyes or vision? [ ] Yes [ ] No
40. Do you wear glasses or contact lenses? [ ] Yes [ ] No
41. Do you wear protective eyewear, such as goggles or a face shield? [ ] Yes [ ] No
42. Are you happy with your weight? [ ] Yes [ ] No
43. Are you trying to gain or lose weight? [ ] Yes [ ] No
44. Has anyone recommended you change your weight or eating habits? [ ] Yes [ ] No
45. Do you limit or carefully control what you eat? [ ] Yes [ ] No
46. Do you have any concerns that you would like to discuss with a doctor? [ ] Yes [ ] No

FEMALE ONLY

47. Have you ever had a menstrual period? [ ] Yes [ ] No
48. How old were you when you had your first menstrual period? [ ] Yes [ ] No
49. How many periods have you had in the last 12 months? ____________

Explain "Yes" answers ____________

All questions or concerns regarding insurance should be referred to Risk Management at 971-7756

RETURN THIS FORM TO THE ATHLETIC DIRECTOR AT YOUR CHILD'S SCHOOL SITE

8/2007
Athletic Physical Evaluation
San Juan Unified School District

STUDENTS NAME: ___________________________
DATE OF EXAM: ____________

This physical examination form must be reviewed and signed by a Medical Doctor (M.D.) or Doctor of Osteopathy (D.O.) licensed by the State of California (does not include doctors of chiropractic, nurse practitioners, physician assistants).

Date of Birth
Height _______ Weight _______ % Body Fat (Optional) _______ Pulse _______ BP _______ / _______ / _______ / _______/ _______/ _______/ _______
Vision R20/ _______ L20/ _______ Corrected: Y or N _______ Pupils: Equal _______ Unequal _______

<table>
<thead>
<tr>
<th>MEDICAL</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
<th>INITIALS</th>
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<tbody>
<tr>
<td>Appearance</td>
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<td>Eyes/ears/nose/throat</td>
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<td>Hearing</td>
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<td>Lymph nodes</td>
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<td>Heart</td>
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<td>Lungs</td>
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<tr>
<td>Abdomen</td>
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<tr>
<td>Genitourinary (males only)*</td>
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<tr>
<td>Skin</td>
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<table>
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<tr>
<th>MUSCULOSKELETAL</th>
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<td>Back</td>
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<tr>
<td>Shoulder/arm</td>
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<tr>
<td>Elbow/forearm</td>
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<td>Wrist/hand/fingers</td>
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<td>Hip/thigh</td>
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<td>Knee</td>
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<td>Leg/ankle</td>
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<tr>
<td>Foot/toes</td>
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*Having a third party present is recommended for the genitourinary examination.

Notes:

__________________________________________________________

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY IN ORDER FOR THE STUDENT TO PARTICIPATE IN AN ATHLETIC ACTIVITY.

I hereby certify __________________________________________ was examined
by __________________________________________ on ___________ and is presently fit to engage in all sports
except __________________________________________.

Attachment(s) Yes □ No □

Name of Doctor (print/type) __________________________ Medical Group Name __________________________
Address __________________________________________ Phone # __________ Date __________

Signature of Doctor __________________________

OVER
EMERGENCY INFORMATION
San Juan Unified School District

NAME CHILD USES:

Child’s full legal name: ___________________________ ____________________________________________

Home Phone: ___________________________ Address: ___________________________

Cell Phone: ___________________________

Parent(s) or Guardian child lives with:

Father: ___________________________

Mother: ___________________________

Employer: ___________________________

Employer: ___________________________

If my child is ill, has an emergency, or is suspended and I cannot be reached, please call and release my child to:

Name: ___________________________

Check one: [ ] Day Care Provider [ ] Neighbor [ ] Friend [ ] Relative [ ] Other:

Phone: ___________________________

Name: ___________________________

Check one: [ ] Day Care Provider [ ] Neighbor [ ] Friend [ ] Relative [ ] Other:

Phone: ___________________________

Physician’s Name: ___________________________

Address: ___________________________

Physician’s Phone: ___________________________

Medical Coverage by: ___________________________

ID #: ___________________________

Hospital Preference: ___________________________

1. In the event of an emergency, when a parent or guardian is unavailable, I authorize school personnel to make arrangements for my child to receive medical/hospital care, including necessary transportation, in accordance with their best judgment. I authorize the physician named above to undertake such care and treatment as is considered necessary. In the event said physician is unavailable, I authorize such care and treatment to be performed by a licensed physician or surgeon. I agree to pay all costs incurred as a result of the foregoing.

2. I do not choose the above statement and desire the following action in the event of an emergency:

X Parent/Guardian Signature

Date

X Parent/Guardian Signature

Date

TURN CARD OVER AND COMPLETE HEALTH INFORMATION
VISION:

☐ Wears glasses ☐ To be worn at all times
☐ Wears contacts ☐ To be worn at all times
☐ Requires preferential seating

Date of last eye exam: ________________________________________
Comments: __________________________________________________

Under care of Dr. ___________________________ Phone: ______________

HEARING:

☐ Has a hearing problem ☐ Has tubes in ears ☐ Uses hearing aid
☐ Requires preferential seating

Under care of Dr. ___________________________ Phone: ______________
Comments: __________________________________________________

PLEASE READ AND SIGN

"I authorize the release of my child's medical information (1) by the school district and the provider of services to the billing agent and (2) by the school district to my insurance carrier as necessary to process a claim or to request payment of Medical Assistance Benefits. Shared information will be limited to health service documentation only."

Parent/Guardian Signature ___________________________ Date ______________

Print Name ___________________________ Relationship __________________

HEALTH CONCERNS:

1. Has the following condition(s):

☐ Asthma ☐ Seizures ☐ Migraines ☐ Diabetes
☐ Hyperactive (ADHD) ☐ Heart condition
☐ Allergies (describe): __________________________________________

☐ Allergic reaction to bee stings (describe): ________________________

☐ Other: ________________________________________________________

Are any of the above life threatening? ☐ yes ☐ no (explain): __________

2. List medication prescribed: ______________________________________

Current dosage: ________________________________________________
For (diagnosis): ________________________________________________
Prescribed by Dr. ___________________________ Phone: ______________

Does the drug need to be taken during school hours? ☐ yes ☐ no

"Medication in School" form on file (renew annually) ☐ yes ☐ no

3. Has a physical condition which limits participation in:

☐ Classroom activities ☐ Physical education
(Please explain): ________________________________________________

Under care of Dr. ___________________________ Phone: ______________

4. School of former attendance: ____________________________

City: ___________________________ State: ________________________