

Athletic Emergency Form

Lake Elsinore Unified School District

Temescal Canyon

ATHLETES LAST NAME FIRST NAME MI GRADE BIRTHDATE

ADDRESS CITY STATE HOME PHONE

FATHER'S FULL NAME ALTERNATE ADDRESS CELL PHONE YES NO

MOTHER'S FULL NAME ALTERNATE ADDRESS CELL PHONE YES NO

STEP PARENT/GUARDIAN ALTERNATE ADDRESS CELL PHONE YES NO

Please List two persons in the LOCAL area who will assume temporary care of your child if you cannot be reached

NAME PHONE

NAME PHONE

FAMILY PHYSICIAN PHONE

Optional: Health Insurance Company

DESIGNATE SPORT FOR EACH SEASON BELOW

FALL WINTER SPRING

Previous June

Week 9

Week 18

Week 9

PLEASE READ & SIGN REVERSE SIDE

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PHYSICIAN/ATHLETIC TRAINER TREATMENT CONSENT FORM

SIGN ONLY ONE OF THE STATEMENTS BELOW

YES. I/We hereby grant permission to the school, its physicians and/or athletic trainers to render first aid or emergency treatment, preventive or rehabilitative treatment deemed reasonably necessary; and we additionally grant permission for hospitalization and emergency treatment at a competent and or accredited facility for protecting the health and well being of this pupil.

I/We further release Temescal Canyon High School, its physicians and/or athletic trainers, agents, servants, and employees from any liability for damage and/or injury to this pupil.

I/We hereby accept full financial responsibility for any and all damages or injuries sustained as a result of participation in after school activities.

Parent/Guardian Signature _____ **Date** _____

---OR---

NO. In case of an emergency when authorized people (as listed on the treatment consent card) cannot be reached, the school personnel are to not arrange for medical treatment other than first aid.

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