

**MBUSD – Mira Costa High School**  
**ATHLETIC/ACTIVITY EMERGENCY CARD**

Female \_\_\_ Male \_\_\_  
Year 2020-2021

Print Last Name                      First Name                      Middle Initial                      Date of Birth                      Grade                      Sport

Address    City    Zip    Home/Cell Phone Number

Did you transfer from another high school?                      List date, name, city and state of high school from which you transferred

Father/Guardian's Name      Father/Guardian's Phone Number      Mother/Guardian's Name      Mother/Guardian's Phone Number

Father's Work Number                      Mother's Work Number                      Other to Call in Emergency (Name and Phone Number)

<b>ALL AREAS OF THIS SECTION MUST BE FILLED IN COMPLETELY BY PARENT</b>	
▶ Medication(s) athlete uses:	_____
▶ Purpose of medication:	_____
▶ List any physical condition or injury that should be watched:	_____ _____
▶ Print physician's name	_____ ▶ Print physician's phone number _____

**NOTE: This card will travel with your child's coach at all times. Please make sure the information provided is complete and up to date.**

**\*\*\* PARENT CONSENT \*\*\***

I hereby give my consent for the above-named (student) to compete in sports and go with a representative of the school on any school related trip. **In case of injury, you are authorized to have him/her treated.**

▶ \_\_\_\_\_ ▶ \_\_\_\_\_ ▶ \_\_\_\_\_ ▶ \_\_\_\_\_  
Date                      Parent/Guardian Signature                      Name of Insurance Co.                      Policy/Group No.

<b>FOR OFFICE USE ONLY</b>
Physical date: _____