



Palos Verdes High School
Emergency Information

NOTE: A new form must be completed for each sport or activity. Student may not participate until this card has been completed and returned.

Name: Last First Middle Birthdate Grade

Sport/Activity Date Level (V/VJ/FS)

[] Athletic Eligibility Clearance [] Activities Eligibility Clearance

Sport Activity

CLEARANCE PROCEDURE MUST BE SIGNED IN ORDER

1. Coach/Sponsor Approval

4. Student Store (Fees/Insurance)

2. *Parent/Guardian Approval

5. Athletic Secretary

3. Health Office (Medical Exam/Emergency Card)

*Parent must sign #2 above as well as at the bottom.

PARENTS: The information requested below is necessary in the event injury occurs while away from school or outside regular school hours. Please be as specific as possible.

Student's Full Name: Age

Home Address

Home Phone Cell Phone Other

Mother's Work Phone ext Father's Work Phone ext

Emergency Contact: Name Relationship Phone

Name Relationship Phone

Physician Phone

Hospital Phone

History of allergies, injuries, heart, or other medical problems:

Parent/Guardian Primary Language

I hereby give my permission for the administration of emergency first aid to the above student

Printed Name of Parent/Guardian *Signature of Parent/Guardian Date