



Acalanes Union High School District

Emergency Contact Form

You can complete this form on your own computer. To move from field to field, use the Tab key. You may then print the document and if desired, save the document template to your own computer. Duplicate fields will be repopulated after your first entry.

Student's Name: _____ Date: _____
(Last) (First) (Middle)

School: _____ Grade: _____ Student ID#: _____ Gender: _____
(Select or Enter Full Name of School)

Parent/Guardian Name: _____
First Last

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Parent/Guardian Name: _____
First Last

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Parent/Guardian Email(s): _____

Emergency Doctor: _____ Phone: _____

Insurance Carrier: _____ Insurance ID# _____

It is required to provide the school with emergency contact information in case of illness or emergency.

"If I cannot be reached, the following persons have my permission to care for and/or authorize medical or surgical services for my child. In an emergency due to serious illness or accident, when we cannot be contacted, the school authorities have our permission to use their best judgment in the interest of our child's health."

Emergency contact #1: _____ Relationship: _____

Daytime phone: _____ Cell phone: _____

Emergency contact #2: _____ Relationship: _____

Daytime phone: _____ Cell phone: _____

The participating student athlete and parent/guardian hereby agree to the following regarding participation according to the AUHSD, NCS, and CIF policies:

- ✓ Ejection Policy
- ✓ Athletic Rules and Regulations
- ✓ Conditions of Participation
- ✓ Waiver and Release from Liability
- ✓ Concussion Information

"As an athlete, I am aware that being part of a team is a privilege. I am expected to abide by the rules and regulations regarding Eligibility, Citizenship, Sportsmanship and Behavior, and Sanctions for Infractions as identified in the [Student/Parent Athletic Participation Handbook](#). I understand and accept that athletes will be suspended and removed from the team for infractions that occur during any school activity and may be removed from the team for substantiated infractions outside of school. I stipulate that both student athlete and parent/legal guardian have completed the registration and read all forms."

Student Signature Date

Parent/Guardian Signature Date

Please do not forget to make your Athletic Participation Donation. AUHSD Athletics depend upon your generosity!

DISTRICT USE ONLY: Physical Exam Form on file Volunteer Driver on file