



ARCADIA HIGH SCHOOL

Emergency Contact Information

2008-2009

PLEASE PRINT CLEARLY

To be completed by Student:

 Last Name First Name M.I. Grade ID#

 Student E-mail Cell Phone Birth Date Gender M F

To be completed by the Parent(s) of Student:

 Father/Guardian Last Name Father/Guardian First Name Father/Guardian E-mail

 Street Address City Zip Code Phone

 Mother/Guardian Last Name Mother/Guardian First Name Mother/Guardian E-mail

 Street Address (If Different From Above) City Zip Code Phone

 Emergency Contact Last Name Emergency Contact First Name Emergency Contact Phone

 Family Physician Last Name Family Physician First Name Family Physician Phone

 Insurance Company Insurance ID# Group # Insurance Phone

Known Allergies/Medical Condition:

IMPORTANT: Please Note!

No insurance is provided for this event by the Arcadia Unified School District, or Arcadia High School Associated Student Body

- Parent Signature on this form is the school official's authorization to call any reference listed in case of emergency; and also authorizes your son/daughter to be transported to an event and return to school in order to participate in a school program or activity by either a school or commercial bus. Special circumstances may require transportation by private automobile driven by teachers or parents.
- We, the undersigned, parent(s)/guardian(s) of the above named students, a minor, do hereby consent to X-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital service may be rendered to said minor under the general or special instructions of the above named physician, M.D., at the number listed above or the Emergency Room Physician, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital.
- This consent shall remain effective until revoked in writing, or until the end of the current school year (June, 2009), or until the child's 18th birthday.
- This authorization is given pursuant to the provision of Section 25.8 of the Civil Code of California.

 Father/Guardian Signature Date Mother/Guardian Signature Date

Circle the Appropriate Group(s):

Band Orchestra 1 Orchestra 2 Orchestra 3 Percussion Color Guard Pep Band