

VUSD Student Emergency Contact and Insurance Information

Last Name _____ First _____ M.I. _____ Grade _____

Birthday _____ School of Attendance _____

Address _____

E-mail Address _____

Family Physician _____ Phone # _____

Health/Allergy Conditions/Necessary Prescription Information

Parent(s)/Guardian(s) Name (s) _____ Cell # _____

Home # _____ Work # _____

Other Emergency Contact _____ Phone # _____

The State of California Education Code No. 32221 requires that each member of an athletic team has insurance protection for medical and hospital expenses resulting from accidental bodily injuries in the amount of at least \$1500 through group, blanket, or individual policies of accident insurance from authorized insurers. My son/daughter has health insurance through:

Name of Company _____

Address of Company _____

Policy Number _____

Coverage Period of Policy _____

- My student has my permission to compete in athletics and travel with the team
- In case my student is injured, the coach is authorized to seek treatment
- I verify the insurance information provided is correct and in effect
- My student and I have read the VUSD Athletic Policy and Code of Conduct and have signed the VUSD Athletic Participation Contract (high School)

PARENT SIGNATURE _____ **DATE** _____