



LONG BEACH UNIFIED SCHOOL DISTRICT

_____High School

Athlete's Emergency Card

Sport: _____ Birthdate: _____

Name: _____ Sex: M F Age: ____ Grade: ____

Address: _____ City: _____ Zip: ____

Parent's Name: _____ Relationship: _____

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

Emergency Contact (other than parent): Name: _____

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

Insurance: _____ Policy/Member #: _____

Doctor: _____ Phone: _____

Circle any of the following that apply: Diabetes Seizures Asthma Heart Cond.

List Allergies: _____

Any Medications currently being taken: _____

Any allergies to Medications: _____

In case of serious injury requiring immediate attention, school district employees are authorized to give first aid and obtain treatment or emergency hospital care.

Signature of Parent or Guardian: _____ Date: ____