



complete

ALL

HUNTINGTON BEACH UNION HIGH SCHOOL DISTRICT

Travel

Clearance Card

Student \_\_\_\_\_ Activity vocal music Grade Level \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Student Phone \_\_\_\_\_

I am living full time with:  Parent(s)  Legal Guardian(s)  Other \_\_\_\_\_ Student ID: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BELOW, LIST THE NAMES OF THOSE YOU ARE LIVING WITH FULL-TIME:

Parent/Guardian Name	Relationship	Cell Phone	Business Phone	Home Phone
		( )	( )	( )
		( )	( )	( )

OTHER EMERGENCY CONTACTS:

Name	Relationship	Cell Phone	Business Phone	Home Phone
		( )	( )	( )
		( )	( )	( )

INSURANCE INFORMATION

My son/daughter/ward is covered for the above activity under our family Health/Medical Plan which provides a minimum coverage of \$1,500 as required by Ed Code #32220-24

Name of Insurance Company	Primary Subscriber	Relationship	Policy Number	ID Number

**WARNING:** We realize there is a possibility that a child may suffer severe injuries, including permanent paralysis or death, as a result of participating in athletic activities.

**CONCUSSION/HEAD INJURY:** We acknowledge, that per California state law (AB25), athletes sustaining a concussion/head injury in an athletic activity outside of the regular school day must be immediately removed from the activity. The student shall not return to the activity until evaluated by a licensed healthcare provider. A written clearance from the provider is needed for the student to return to the activity. Please contact your school site if you need further information. We acknowledge that we have received and read the separate fact sheet for parents regarding concussions. All athletes MUST report all injuries to the coach immediately.

**CLASSROOM DISMISSAL CONSENT:** Student athletes may not meet for athletic classes on the days of events or may be dismissed early from classes for events.  
**MODIFIED PRACTICE TIME CONSENT:** It is understood that practice may be held at a time other than the assigned class period listed on the student schedule.

**TRAINER CONSENT:** I give permission to Mr. Tison and/or parent chaperones to administer first aid, follow-up treatment and rehabilitation when appropriate in his/her professional judgment as approved by the consulting physician.

**TREATMENT CONSENT:** In the event of an accident or emergency, I (we) give permission for the school authorities to take my (our) child to any available doctor or hospital, or request the services of any available doctor, hospital or paramedic.

**COMMENTS:** \_\_\_\_\_

**MEDICINE(S):** student is currently taking \_\_\_\_\_

**ALLERGIES:** \_\_\_\_\_

**CHANGES:** If there are any changes in guardians, residence, medical, insurance, or emergency information, it is the responsibility of the Parent/Guardian to notify the school.

**LEGAL CUSTODY:** Under penalty of perjury, the undersigned residents of California state they are the parents, guardians or other person having legal custody of the minor.

**PLEASE READ THE REVERSE SIDE BEFORE SIGNING CARD FOR ELIGIBILITY**  
**ELIGIBILITY - CODE OF CONDUCT - RULES AND REGULATIONS:** We acknowledge that we have read and agree to abide by the rules and regulations on the reverse side of this document including the eligibility and the code of conduct sections.

Student Print Name [Signature]

Student Signature [Signature]

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Print Name [Signature]

Parent/Guardian Signature [Signature]

Date \_\_\_\_/\_\_\_\_/\_\_\_\_