

DATE _____

TRACY UNIFIED SCHOOL DISTRICT

SPORT _____

(Emergency card for sudden illness or accident at school)

PLEASE PRINT _____

STUDENT NAME _____

GRADE _____

HOME PHONE _____

BIRTH DATE _____

MOTHER'S NAME: _____

WORK PHONE _____

FATHER'S NAME: _____

WORK PHONE _____

Relative or person to be notified if parent cannot be located: RELATIONSHIP TO STUDENT _____

NAME: _____

PHONE #:(_____) _____

Unless I send written notice of any change, I give permission to the Tracy Unified School District to take my child

to Dr. _____

Address: _____

Phone #: _____

or in the event that he cannot be located, permission is given to take my child to the hospital.

PERMISSION TO PARTICIPATE IN ATHLETICS AND TRAVEL

The _____ team of which your child is a member will be traveling on athletic trips as part of the regular schedule. On some trips if the squad is small, cars will be taken and be driven by a coach or a District approved adult over 21 years of age. When the squad is large, a school bus or charter bus will be taken. No athlete may drive themselves to or from athletic events.

In order for your child to make the trips, it will be necessary for us to have your approval. Please sign below and return to us.

DATE _____

SIGNED (Parent or Guardian) _____