ANDERSON UNION HIGH SCHOOL DISTRICT
AUTHORIZATION TO CONSENT TREATMENT OF A MINOR

ATHLETIC TRAVEL CARD
2026-2027

Student Name

Emergency Phone #

Street Address

Family Doctor

City, State, Zip Code

Has the student ever attended another High School? *Yes* *No*
*If yes, please state which High School:*_____

MEDICAL INFORMATION

Please select a preferred hospital:

❑ Mercy ❑ Shasta Regional ❑ St. Elizabeth

Name of Preferred Physician

List any Drug Allergies

List any Regularly Taken Medications

List any Physical Disabilities

List any Medical Problems

INSURANCE INFORMATION (Required)

Insurance Provider ***(Required)***

Policy Number ***(Required)***

EMERGENCY CONTACTS

Emergency Contact Name *Phone Number* *Relationship to Student*

Emergency Contact Name *Phone Number* *Relationship to Student*

AUTHORIZATION

I/We, the undersigned parent/guardian of the above mentioned minor student do hereby authorize the faculty member of the Anderson Union High School District supervising the activity concerned, as agent for the undersigned, to consent to an x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of any physician and surgeon licensed under the provision of the Medical Practice Act on the medical staff of any licensed hospital whether such diagnosis or treatment is rendered at the office of said physician or at the said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care required but is given to provide authority and power on the part of our aforesaid agent to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician, in the exercise of his best judgment may deem advisable.

This authorization is given pursuant to the provision of Section 25.8 of the Civil Code of California. This authorization shall remain effective until the end of the school year in which it was signed.

Parent/Guardian Signature *Date*

Anderson Union High School District
1469 Ferry Street, Anderson, CA 96007
530/378-0568 ● www.auhsd.net



Every Student Will Learn
Every Graduate Will Be College and Career Ready

AUTHORIZATION & CONSENT FOR MEDICAL TREATMENT AND HEALTH INSURANCE VERIFICATION

HEALTH INSURANCE:
Pursuant to Education Code 32221, the insurance shall provide the following coverage:
At least one thousand five hundred dollars ($1,500) for all medical and hospital expenses.

I have health insurance that meets the requirements under the California Education Code Section 32221.

Student's Name: _____

Insured (Subscribers) Name: _____

Insurance Company ***(Required):*** _____

Policy/I.D. Number ***(Required):*** _____

California Education Code 32221.5: Some students may qualify to enroll in no-cost or low-cost local, state, or federally sponsored health insurance programs. Information about these programs may be obtained by calling Medi-Cal at 800-541-5555 or Healthy Families Program at 888-599-7056.

AUTHORIZATION & CONSENT FOR MEDICAL TREATMENT

In the event of an injury or illness to _____ while participating on the athletic team, I do hereby authorize the Anderson Union High School District, as agent for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under, the general or special supervision of any physician and/or surgeon, whether such diagnosis or treatment is rendered at the office of said physician or at any medical facility.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the aforesaid agent to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

This authorization shall remain effective through the conclusion of the sport season, including any playoff or championship competition, unless revoked in writing and delivered to said agent.

_____ _____
Parent/Guardian Signature Date

_____ _____
Student Signature Date

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ATHLETICS / SPORTS VOLUNTARY ACTIVITIES PARTICIPATION FORM
ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK

CONSENT TO PARTICIPATE

Athlete's Name: _____

Parent/Guardian Name: _____

Address: _____ City, State: _____

Home Phone: _____ Cell Phone: _____

By its very nature, sports, including tryouts, may put students in situations in which serious catastrophic and perhaps fatal accidents may occur. Students and parents must assess the risks involved in such participation and make their choice to participate in spite of those risks. No amount of instruction, precaution, or supervision will totally eliminate the risk of injury. Just as driving an automobile involves the risk of injury; participation in sports by students involves some inherent risk. The importance of your awareness of these risks in determining whether or not to allow your child to participate cannot be overstated. There have been accidents in sports, resulting in death, paraplegia, quadriplegia, and other very serious permanent physical impairments as a result of athletic participation.

Students will be instructed in proper techniques and in the proper utilization of all equipment or work used in practice and competition. Students must adhere to that instruction and utilization and must refrain from improper uses and techniques.

No amount of instruction, precaution, and supervision can eliminate all risk of injury, including serious, injury. Some of the injuries/illnesses which may result from participating in these activities include, but are not limited to, the following:

1. Sprains/strains
2. Fractured bones
3. Unconsciousness
4. Head and neck injuries
5. Neck and spinal injuries
6. Paralysis
7. Loss of eyesight
8. Communicable diseases
9. Internal organ injuries
10. Brain damage
11. Death

By signing this waiver, you acknowledge that you understand and accept such risk and authorize the student named above to participate in sports. By choosing to participate, you acknowledge that such risks exist.

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ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK

I authorize my student to participate in District sponsored sports and activities.

I have read this form in its entirety and understand its contents. I understand that it is my obligation to ask questions about anything I do not understand.

I understand and acknowledge that participation in sports is completely voluntary and as such is not required by the District for course credit or for completion of graduation requirements.

I agree to assume financial responsibility for any medical costs and expenses incurred as a result of any injury that may be sustained by my child while participating in sports.

I understand, acknowledge and agree that the Anderson Union High School District, its elected or appointed officials, employees, agents or volunteers shall not be liable for any injury/illness suffered by my son/daughter which is incident to and/or associated with preparing for and/or participating in this activity and I voluntarily assume all risk, known or unknown, of injuries, howsoever caused, even if caused in whole or in part by the action, inaction, or negligence, of the released parties to the fullest extent allowed by law.

I acknowledge that I have carefully read this VOLUNTARY ACTIVITIES PARTICIPATION FORM and that I understand and agree to the terms.

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

A signed VOLUNTARY ACTIVITIES PARTICIPATION FORM and AUTHORIZATION & CONSENT FOR MEDICAL TREATMENT AND HEALTH INSURANCE VERIFICATION FORM must be on file with the Anderson Union High School District before a student will be allowed to participate in the above extra-curricular activities.

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TRANSPORTATION AGREEMENTS

Student Name | *Parent/Guardian Name*

Activities

Students shall always utilize district transportation when traveling to and from school-sponsored events outside of the Golden Triangle. Only under emergency circumstances will the Transportation by Non-District Sponsored Driver request be approved.

NON-SPONSORED TRANSPORTATION



The undersigned hereby acknowledges and understands that the Anderson Union High School District does NOT provide transportation to the school-sponsored activities inside the Golden Triangle and that it is the responsibility of the undersigned to arrange for transportation. Student-Athletes may not drive other students to and/or from athletic events. As parent/legal guardian, I hereby authorize and give permission for my child to drive himself/herself or to ride as a passenger in a vehicle driven by another parent.

The undersigned acknowledges and understands that the driver is not driving on behalf of or as an agent of the Anderson Union High School District. Further, the undersigned understands that the Anderson Union High School District has not verified the driving record of the driver or the mechanical condition of the vehicle.

IT IS FULLY UNDERSTOOD THAT THE ANDERSON UNION HIGH SCHOOL DISTRICT IS IN NO WAY RESPONSIBLE, NOR DOES THE ANDERSON UNION HIGH SCHOOL DISTRICT ASSUME LIABILITY, FOR ANY INJURIES OR LOSSES RESULTING FROM THIS NON-DISTRICT SPONSORED TRANSPORTATION. ALTHOUGH THE ANDERSON UNION HIGH SCHOOL DISTRICT MAY ASSIST IN COORDINATING THE TRANSPORTATION AND/OR RECOMMEND TRAVEL TIME, ROUTES, OR CARAVANNING TO OR FROM THIS EVENT, I FULLY UNDERSTAND THAT SUCH RECOMMENDATIONS ARE NOT MANDATORY.

Outside of the Golden Triangle: Any exceptions to transportation guidelines will be made when the parent contacts the principal or designee in advance (by note or call) of the activity. In these cases the student-athlete will be released to the parent/guardian by the person in charge, upon direct authorization by the principal or designee.

Student Signature *Date* | *Parent/Guardian Signature* *Date*

TRANSPORTATION BY NON-DISTRICT SPONSORED DRIVER (Emergency use only)

I understand the Anderson Union High School District is provides transportation to and from the school-sponsored activities outside of the Golden Triangle. However, I do not wish to avail myself of the transportation provided by the district. My student, _____, hereby requests permission to ride with a non-district sponsored driver (who may or may not be the parent of the student).

IF THE STUDENT IS TRANSPORTED BY A NON-DISTRICT SPONSORED DRIVER (WHO MAY OR MAY NOT BE THE STUDENT'S PARENT), IT IS FULLY UNDERSTOOD THAT THE DISTRICT IS IN NO WAY RESPONSIBLE, NOR DOES THE DISTRICT ASSUME LIABILITY, FOR ANY INJURIES OR LOSSES RESULTING FROM THIS NONDISTRICT SPONSORED TRANSPORTATION. ALTHOUGH THE DISTRICT MAY ASSIST IN COORDINATING TRANSPORTATION AND/OR RECOMMEND TRAVEL TIME, ROUTES, OR CARAVANNING TO OR FROM THIS EVENT. I FULLY UNDERSTAND THAT SUCH RECOMMENDATIONS ARE NOT MANDATORY.

I ALSO UNDERSTAND THAT BY RIDING WITH THE NON-DISTRICT SPONSORED DRIVER; THE DRIVER IS NOT DRIVING AS AN AGENT OF OR ON BEHALF OF THE DISTRICT.

Student Signature *Date* | *Parent/Guardian Signature* *Date*

AUHSD ATHLETIC POLICY ACKNOWLEDGMENT

The undersigned fully understands that all extracurricular activity participants are governed by the policies, regulations, and standards contained within the Parent/Student Handbook. Policies listed below can be found at www.auhsd.net or picked up in your school's main office.



By initialing each item, you acknowledge that you have read, understand, and agree to comply with the policies listed:

ACKNOWLEDGEMENT OF ATHLETIC POLICIES & INFORMATION

All Athletic Policies in the Parent/Student Handbook, including but not limited to:	*Parent/Guardian Initials*	*Student Initials*
High School Athletic Code		
Student Athlete Code of Conduct		
Student Athlete Tobacco, Alcohol, & Drug Policy		
Ethics in Sports		
NCAA Initial Eligibility Clearinghouse		
Authorization to Use School Transportation		
Use of Steroids		
Required Student-Athlete Health & Safety Fact Sheets		
Concussion & Head Injury Information		
Sudden Cardiac Arrest (SCA) Information		
Opioid Use & Misuse Fact Sheet		
Heat Illness Prevention Information		

I understand fully that my performance as a participant and the reputation of my school are dependent, in part, on my conduct as an individual. I hereby agree to accept and abide by the standards, rules, and regulations set forth by the Anderson Union High School District Board of Trustees and the sponsors for the activity in which I participate.

I also authorize the Anderson Union High School District to conduct a test on a urine specimen which I provide to test for drugs and/or alcohol use. I also authorize the release of information concerning the results of such a test to the Anderson Union High School District and to the parents and/or guardians of the student.

This shall be deemed a consent pursuant to the Family Education Right to Privacy Act for the release of the above information to the parties named above. I also authorize the use of names and photographs to be published on the District athletic web site.

_____

Student Name (please print)

_____ _____

Student Signature *Date*

_____ _____

Parent/Guardian Signature *Date*

You're almost at the finish line — see next page.

HEALTH HISTORY – *To be completed and signed by parent/guardian*

Student Name _____ Phone Number _____

9 10 11 12 _____ M F

Grade (circle) Date of Birth Sex (circle)

Has your child ever had or currently have any of the following?

Yes	No		If yes, please explain:
❑	❑	Chronic or recurrent illnesses	
❑	❑	Illnesses lasting more than a week	
❑	❑	Hospitalizations	
❑	❑	Surgery, other than tonsillectomy	
❑	❑	Problem with blood pressure or heart	
❑	❑	Dizziness, fainting, or frequent headaches	
❑	❑	Ever been knocked out or had concussion	
❑	❑	Neck/back injury or surgery	
❑	❑	Knee injury or surgery	
❑	❑	Ankle injury or surgery	
❑	❑	Other joint sprains or dislocations	
❑	❑	Broken bones or fractures	
❑	❑	Organ missing, other than tonsils	
❑	❑	Epilepsy or seizure disorder	
❑	❑	Asthma or shortness of breath	
❑	❑	Diabetes	
❑	❑	Heat exhaustion or heat stroke	
❑	❑	Nervous disorder or mental illness	
❑	❑	Currently taking medication (aspirin, penicillin, etc.)	
❑	❑	Allergy to medication (aspirin, penicillin, etc.)	
❑	❑	Use of eye glasses or contact lenses	
❑	❑	Use of dental appliances	
❑	❑	Family history of death before age 50	
❑	❑	Any reason student should not participate in sports	

Date of last tetanus vaccination: _____

I declare that the above information is correct to the best of my knowledge. I understand this is a screening examination to determine if any obvious medical problems exist to prevent my child from participating in school athletic events. This examination is not a complete medical examination. You should contact your family physician for your medical needs. If any medical problems are identified in this screening examination, further examination and treatment should be obtained through your physician. Please discuss family medical history with your student.

Parent/Guardian Signature _____ Student Signature _____

ATHLETIC HEALTH SCREENING EXAMINATION RECORD

HEALTH SCREENING EXAMINATION – *To be completed and signed by a physician*

Height: _____ Weight: _____

Pulse Rate: _____ Blood Pressure: _____

Eye Exam: R: 20/_____ L: 20/_____ Both: 20/_____

	Normal	Abnormal	Comments
Mouth/Pharynx			
Heart			
Lungs			
Abdomen			
Genitalia (male only)			
Spine			
Joints			
Extremities			

Based on this history and physical exam, the following abnormalities were found and may need treatment:

_____

_____

_____

RECOMMENDATION

❑ There were no history or physical findings in this exam which would prohibit this student from participating in competitive athletics.

❑ This student should have the above health problems evaluated or treated PRIOR to participating in competitive athletics.

❑ This student has health problems which would PROHIBIT him or her from participating in competitive athletics at this time.

Physician Signature _____ Physician Stamp Date _____