

WGASC SUMMER WORKSHOP EMERGENCY CARD

Student _____ School _____ Birthdate _____

Address _____ City _____ Phone _____

I am living full time with _____ Parents _____ Legal Guardian _____ Other _____

EMERGENCY CONTACTS

a) Parent/Guardian(s) _____ Business Phone _____

_____ Business Phone _____

b) Other Emergency Contact _____ Phone _____

INSURANCE INFORMATION

_____ My son/daughter (or 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 Company _____ **Subscriber** _____ **Policy #** _____

- **Treatment Consent:** In the event of an accident or emergency, I (we) give permission for the WGASC authorities to take my (our) child to any available doctor or hospital.

- **Medicine** you are currently taking: _____

- **Allergies:** _____

Under penalty of perjury, the undersigned state they are the parents, guardians or other person having legal custody of the minor.

Date

Signature of Parent/Guardian

Signature of Student

PLEASE ATTACH A COPY OF YOUR CHILD'S INSURANCE CARD TO THIS FORM