

LOUDOUN COUNTY PUBLIC SCHOOLS – Sports/Activities/Emergency Card

REVISED: 4/27/11

SCHOOL YEAR: 20__ - 20__ SEASON (Check One) ___ Fall ___ Winter ___ Spring SPORT: _____

Student's Name: _____ Birth Date: _____

Student's Address: _____

Parent's Name: _____ Home Phone: _____ Parent's e-mail: _____

Mother's Work Address: _____ Business Phone: _____ Cell Phone: _____

Father's Work Address: _____ Business Phone: _____ Cell Phone: _____

If parents cannot be reached call: _____ Phone: _____

MEDICAL DATA: Family Doctor: _____ Business Phone: _____

Any medications student is allergic to: _____

Any medications student takes on a regular basis: _____

Any special physical or medical problems student has: _____

INSURANCE DATA:

Name of Family Medical Insurance: _____ Policy #: _____

Have you purchased Student Accident Insurance? _____ Including football coverage? _____

EMERGENCY AUTHORIZATION: In the event I cannot be reached in an emergency, I hereby give permission to physicians selected by the coaches and staff of _____ High School to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for the person named above.

In case of accident or serious illness, I request LCPS personnel to contact me. If I cannot be reached, I hereby authorize LCPS personnel to contact a physician, and further authorize LCPS personnel to transport my child to the physician or hospital in case of an emergency. I understand that I will assume the responsibility for any medical bills.

Signature of Parent or Guardian

Date

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