

LOUDOUN COUNTY PUBLIC SCHOOLS – Sports/Activities/Emergency Card

Revised 4/6/2018

SCHOOL YEAR: 20__ - 20__ SEASON (Choose One) _ Select Season SPORT: _____

Student's Name: _____ Birth Date: _____

Parent's Address: _____

Parent 1 Name: _____ Parent 2 Name _____

Parent 1 Email Address: _____ Day Phone: _____ Cell Phone: _____

Parent 2 Email Address: _____ Day 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? _ Choose Y or N _____ Including football coverage? Choose Y or N _____

EMERGENCY AUTHORIZATION: In the case of an emergency injury or serious illness involving the above named student, I request LCPS personnel contact me. Futhermore, I authorize LCPS personnel to call 911 for Emergency Medical Services and I give permission for the student to be transported to the hospital. In the event I cannot be reached in an emergency, I hereby authorize and 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 above named student. I agree that I am responsible for paying all medical expenses incurred.

Signature of Parent or Guardian _____

Date _____