

LOUDOUN COUNTY SCHOOL BOARD/LOUDOUN COUNTY PUBLIC SCHOOLS

Middle School Intramural Sports Emergency Card

7/28/2023

SCHOOL YEAR: 20____ - 20____

SPORT/ACTIVITY: _____

Student's Name: _____

Birth Date: _____

Parent/Guardian Address: _____

Parent/Guardian 1 Name: _____

Parent/Guardian 2 Name: _____

Parent/Guardian 1 Email Address: _____

Parent/Guardian 1 Cell Phone: _____

Parent/Guardian 1 Day Phone: _____

Parent/Guardian 2 Email Address: _____

Parent/Guardian 2 Cell Phone: _____

Parent/Guardian 2 Day Phone: _____

If parents/guardians cannot be reached call:

_____ Cell Phone: _____

Day Phone: _____

MEDICAL DATA/INFORMATION:

Family Doctor Name: _____

Any medications student is allergic to: _____

Any medications student takes on a regular basis: _____

Any special physical or medical problems student has: _____

INSURANCE DATA/INFORMATION:

Name of Family Medical Insurance Company: _____

Have you purchased optional, voluntary Student Accident Insurance? Choose Y or N

TRANSPORTATION: The following persons have my authorization to transport my child:

EMERGENCY AUTHORIZATION: In the case of an emergency, injury, or serious illness involving the above-named student, I authorize LCPS personnel to call 911 for Emergency Medical Services, and I give LCPS staff to authorize any transportation for my student to the hospital. In the event I cannot be reached in an emergency, I hereby authorize and give permission to physicians selected by the event coordinator and staff of _____ Middle 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 the Loudoun County School Board is not responsible for paying any medical expenses incurred as a result of participation in middle school intramurals.

Signature of Parent / Guardian

Date