

LOUDOUN COUNTY PUBLIC SCHOOLS – Sports/Activities/Emergency Card

Revised 4/2/2018

SCHOOL YEAR: 20\_\_ - 20\_\_ SEASON (Choose One) \_\_\_\_\_ 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 case of an emergency injury or serious illness involving the above named student, I request LCPS personnel contact me. Furthermore, 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