

LOUDOUN COUNTY SCHOOL BOARD/LOUDOUN COUNTY PUBLIC SCHOOLS

Sports/Activities/Emergency Card

Revised 5/25/22

SCHOOL YEAR: 20____- 20____ SEASON (Choose One) _____ SPORT/ACTIVITY: _____

Student's Name: _____ Birth Date: _____

Parent/Guardian Address: _____

Parent/Guardian 1 Name: _____ Parent/Guardian 2 Name _____

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

Parent/Guardian 2 Email Address: _____ Day Phone: _____ Cell Phone: _____

If parent/guardian cannot be reached call: _____ Phone: _____

MEDICAL DATA: Family Doctor Name _____ 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 Company: _____

Have you purchased Student Accident Insurance? Choose Y or N

Including football coverage? 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 request LCPS personnel contact me. Furthermore, I authorize LCPS personnel to call 911 for Emergency Medical Services and I give permission for my 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/Guardian _____

Date _____