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 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:
to call 911 for Emergency Medical Services, and I give LCPS staff to reached in an emergency, I hereby authorize and give permission to permission to make the management of Middle School to hospitalize,	y, or serious illness involving the above-named student, I authorize LCPS personnel authorize any transportation for my student to the hospital. In the event I cannot be ohysicians selected by the event coordinator and staff of secure proper treatment for, and to order injection and/or anesthesia and/or surgery of Board is not responsible for paying any medical expenses incurred as a result of

Date

Signature of Parent / Guardian