

Henrico County Public Schools

MIDDLE SCHOOL ATHLETIC EMERGENCY CARD

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
School \_\_\_\_\_  
Homeroom/TA \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Mother's/Guardian's Name \_\_\_\_\_ Work Phone \_\_\_\_\_  
Father's/Guardian's Name \_\_\_\_\_ Work Phone \_\_\_\_\_  
Family Physical \_\_\_\_\_ Phone \_\_\_\_\_  
Emergency Contact Person (other than Parent/Guardian) \_\_\_\_\_ Phone \_\_\_\_\_

If injured, hospital preferred is: \_\_\_\_\_

In the event I cannot be reached in an emergency, I hereby give permission to physicians selected by the coaches and staff at \_\_\_\_\_ Middle School to hospitalize and/or secure proper treatment for the student named above.

\_\_\_\_ My child is covered by an insurance program which meets my approval.  
Company name \_\_\_\_\_ Policy # \_\_\_\_\_

\_\_\_\_ My child is covered by 24 hour school insurance.

\_\_\_\_ My child is covered by School Day insurance.

Physical Limitations (i.e., asthma, diabetes, allergies) \_\_\_\_\_

Parent's/Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_