

**Henrico County Public Schools
HIGH SCHOOL ATHLETIC EMERGENCY CARD**

Last Name _____ First _____ MI _____
Home Address _____ Home Phone _____
School _____ Cell Phone _____
Homeroom _____ Grade _____ Date of Birth _____
Mother's/Guardian's Name _____ Work Phone _____
Father's/Guardian's Name _____ Work Phone _____
Family Physician _____ 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 _____ High 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 _____

This card is to be in the possession of the coach during the entire season.

The proponent for this form is: Division of Instruction, Tel. 652-3761 Stock No. 1301-141