

Football     Girls Basketball     Boys Soccer     Girls Tennis

PUT A CHECK NEXT TO THE SPORT YOU ARE TRYING OUT FOR. TURN IN THIS FORM TO THE HEAD COACH ON THE FIRST DAY OF TRYOUTS

**Henrico County Public Schools  
SECONDARY 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 \_\_\_\_\_ (Middle/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***

12/11

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