

ALEXANDRIA CITY PUBLIC SCHOOLS
Alexandria, Virginia
Emergency Care Information

Name of student (Last) _____ (First) _____
Date of Birth _____ Name of School _____
Grade _____ Age _____ Name of Parent/Guardian _____
Address _____
Home Phone _____ Bus. Phone _____ Emergency phone _____
Sport _____ (please note Varsity, JV or Freshman where applicable)

Insurance Information:

Did student purchase school insurance? Yes _____ No _____
Is student insured under a family policy? Yes _____ No _____
Name of insurance company _____
Policy number _____ Name of policy holder _____

Medical Information: Check any health conditions that student may have.

_____ Allergies
_____ Medicines _____
_____ Bee/insect sting _____
_____ Other _____
_____ Asthma
_____ Diabetes
_____ Hemophilia
_____ Respiratory _____
_____ Seizures
_____ Vision problems _____
_____ glasses _____ contacts
_____ Other _____

Has student been prescribed inhaler or EpiPen? Yes _____ No _____
Is student presently taking any medications? Yes _____ No _____
If so, list _____
Date of last Tetanus shot _____

The school has my permission to call my family physician in an emergency when I cannot be contacted.

Name of family physician _____ Phone _____
• The school has my permission to call another physician in an emergency, if my family physician is not available.

Name of physician suggested _____ Phone _____
• The school has my permission, in an emergency when I cannot be contacted, to take my child to the emergency room at the nearest hospital, at my expense, and the hospital and its medical staff have my authorization to provide treatment which a physician deems necessary for the well-being of my child.

I have read and understand “ A Parent’s Guide to Concussion in Sports.” I am aware that there is a risk that my son/daughter may sustain a concussion during the course of the athletic season. I understand the seriousness of the injury and that it requires proper management from an appropriate health care provider.

Signature of Parent/Guardian _____ **Date** _____