



James River High School Athletic Department



PLEASE PRINT CLEARLY AND USE ALL LEGAL NAMES

First Name: _____ Middle Initial: _____ Last Name: _____
Nick Name: _____ Grade: _____ DOB: _____
Athlete Address: _____ City: _____ State: VA Zip Code: _____
Current Level: JV or Varsity Current Sport: _____

Medical History that may be significant to a physician evaluating your child in an emergency (Asthma, Diabetes, Genetic Disorders): _____

Is your child on any medication? Yes or No If yes, what type? _____

Has your child been prescribed an inhaler? Yes or No If yes, what type? _____

Please list all allergies (medication/pollen/stings/food): _____

Has your child been prescribed an EpiPen? Yes or No

Has your child ever sustained a concussion? Yes or No If yes, how many and when? _____

In case of an emergency, please contact in this order:

Name: _____ Relationship to Athlete: _____
Home: _____ Cell: _____ Work: _____
E-mail: _____

Name: _____ Relationship to Athlete: _____
Home: _____ Cell: _____ Work: _____
E-mail: _____

In case of an emergency, do you have a hospital preference for your child to receive care? Yes or No
If yes, which hospital? _____. We will endeavor to use your preference, however in a life-threatening situation; the closest hospital will be used.

[] Athlete IS covered by the following insurance policy:

Circle One: HMO, PPO, POS, Other
Insurance Company: _____ Policy Number: _____
Group Number: _____ Policy Start Date: _____

[] Athlete is NOT covered by insurance. I accept full responsibility for the medical expenses of the student listed above.

[] Athlete covered by school insurance Date enrolled: _____

I hereby certify that the student named is covered by the medical accident insurance listed above and I accept responsibility for the medical accident insurance of this student. I have ALSO read the James River High School Athletic Handbook and have reviewed the regulations and policies that the athletic department operates. I also consent to allow the physician(s) and other health care professionals to share appropriate information concerning my child that is relevant to participation with coaches and other school personnel as deemed necessary.

Parent/Guardian Signature: _____ Date: _____

Signature of Athlete: _____ Date: _____