PRINCE WILLIAM COUNTY PUBLIC SCHOOLS * MANASSAS, VIRGINIA

EMERGENCY PERMISSION FORM

TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AT THE BEGINNING OF EACH SPORTS SESSION

Student's Name _____ Grade _____ Age _____ Birth Date _____

Name of School _____ Insurance _____

Home Address _____

Please list any health problems that might be helpful to a physician when evaluating your child during an emergency.

_____

Please list any allergies to medications, etc. _____

_____

Is the student presently taking medication? If so, what type? _____

_____

Does the student wear contact lenses? _____ Please list date of last tetanus shot _____

EMERGENCY AUTHORIZATION: The school has my permission in an emergency to have my child transported to the Emergency Room of the nearest hospital. The hospital and medical staff have my authorization to provide treatment which a physician deems necessary for the well being of my child.

Parent/Guardian work/cell phone number _____ Home/cell phone number _____

Parent/Guardian email: _____

Other emergency contact person _____ Phone number _____

By signing this emergency form, I am granting permission for emergency services for my child and I am acknowledging that my child and I have received, read and will adhere to the guidelines provided in the ***Activities Guide for School Students and Parents***.

_____	_____	_____	_____
Student Signature	Date	Parent/Guardian Signature	Date

FORM NO. 61582450404G (12.16)

PRINCE WILLIAM COUNTY PUBLIC SCHOOLS * MANASSAS, VIRGINIA

TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AT THE BEGINNING OF EACH SPORTS SESSION

In order to remain eligible for team participation after selection, the parent or guardian must complete this card on both sides. All parents or guardian, and students must sign this side of the card verifying that the "official" place of residence provided in the emergency information is correct for the fixed and permanent home of the family and student.

On the reverse side of this card, you listed your official address that is within the boundaries of the school of attendance or approved transfer. By signing this document you are stating the address provided on the emergency card is accurate. Any change of address from this point forward must be communicated to the registrar at the high school.

Specialty and Designated Site Program Students or transfer students must verify address provided AND write the name of the program in the space provided. If a student withdraws or is removed from a specialty or designated site program the parent must notify the Director of Student Activities at the time of withdrawal.

All parent and student athletes understand that if false information is provided, to include not updating change of residence, the student athlete is ineligible for the current school year and subsequent school year.

By signing this form, I am acknowledging that the address provided is the correct and is the fixed and permanent home of the family and student.

Specialty/Designated Site Program _____

_____	_____	_____	_____
Student Signature	Date	Parent/Guardian Signature	Date

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