



James River High School

Athletic and Activities Department
3700 James River Road · Midlothian, VA 23113
Telephone (804) 378-2420 · Fax (804) 379-2695

MEDICAL RELEASE AND EMERGENCY INFORMATION FORM

I, _____ hereby grant permission for my child to be examined and treated by a licensed medical physician, team trainer, or coach for injuries or illness that occur during his/her participation in activities sponsored by James River High School. I understand that this consent form will only be invoked if school officials are unable to contact me immediately following the discovery of a need for medical attention. I have listed below any allergies or pre-existing physical conditions that may have an impact on the treatment of my child.

Student's Name

Parent or Guardian's Name

Date

EMERGENCY INFORMATION

Student Name: _____ Grade: _____

Address: _____

Home Phone: _____

Father's Name & Work Phone: _____

Mother's Name & Work Phone: _____

Emergency Name & Phone: _____

Allergies/Medications: _____

Pre-existing Medical Conditions: _____

Does the Student Wear Contacts: _____

Name of insurance company _____ Policy number _____

Name of policy holder _____

Primary Care Physician: _____

Hospital Preferred: _____

