

**Metropolitan Nashville Public Schools**  
**Student Athletic Emergency Information Card**

Student Name \_\_\_\_\_ Address \_\_\_\_\_  
 Last First Middle  
 Birthdate \_\_\_\_\_ Home Telephone \_\_\_\_\_  
 Father's Name \_\_\_\_\_ Place of Work \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Mother's Name \_\_\_\_\_ Place of Work \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Guardian (Legal) \_\_\_\_\_ Place of Work \_\_\_\_\_  
 Telephone \_\_\_\_\_

Person to be called if parent cannot be reached:  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Telephone \_\_\_\_\_

Name of Student's Doctor \_\_\_\_\_  
 Doctor's Address \_\_\_\_\_  
 Office Telephone \_\_\_\_\_ Home Telephone \_\_\_\_\_

Hospital of Choice (in emergency) \_\_\_\_\_  
**INSURANCE**

School Insurance  Yes  No Special Sr. High Football Insurance  Yes  No  
**Primary Medical/Health and Accident Insurance**

Name of Company \_\_\_\_\_ Subscriber's I. D. No. \_\_\_\_\_  
 Group No. \_\_\_\_\_ Social Security No. \_\_\_\_\_

**Secondary Medical/Health and Accident Insurance**  
 Name of Company \_\_\_\_\_ Subscriber's I. D. No. \_\_\_\_\_  
 Group No. \_\_\_\_\_ Social Security No. \_\_\_\_\_

The legal responsibility for medical and transportation expense incurred on behalf of your son/daughter is a parental one.

Signed \_\_\_\_\_ Parent  Legal Guardian  Date \_\_\_\_\_

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