Metropolitan Nashville Public Schools Student Athletic Emergency Information Card

	Signed Parent Legal Guardian Date
N	The legal responsibility for medical and transportation expense incurred on behalf of your son/daughter is a parental one.
	Group No. Social Security No.
	Name of Company Subscribers I. D. No.
	and Accident manager
	Group No. Social Security No.
	Name of Company Subscriber's I. D. No.
	Primary Medical/Health and Accident Insurance
	School Insurance Yes No Special Sr. High Football Insurance Yes No
	INSURANCE
	Hospital of Choice (in emergency)
	Office Telephone Home Telephone
	Doctor's Address
	Name of Student's Doctor
2	Name Relationship Telephone
	n to be called if parent cannot be reach
	Guardian (Legal) Place of Work Telephone
	Mother's NamePlace of Work Telephone
	Father's Name Place of Work Telephone
	Birthdate Home Telephone
	Student Name Address Address
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Metropolitan Nashville Public Schools Student Athletic Emergency Information Card

Signed Parent Legal Guardian	The legal responsibility for med	Group No.)	Name of Company	Secondary Medical/Health and Accident Insurance	Group No.	Name of Company	Primary Medical/Health and Accident Insurance	School Insurance Yes No	INSURANCE	Hospital of Choice (in emergency)	Office Telephone	Doctor's Address	Name of Student's Doctor	Name	· Person to be called if parent cannot be reached:	Guardian (Legal)	Mother's Name		Father's Name	Birthdate	Student Name Last Fist
Legal Guardian 🗆 Date	The legal responsibility for medical and transportation expense incurred on	Social Security No.		Subscriber's I. D. No.	Accident Insurance	Social Security No.	Subscriber's I. D. No.	sident Insurance	Special Sr. High Football Insurance Yes No			Home Telephone			Relationship	eached:	Telephone	Place of Work	Telephone	Place of Work	Home Telephone	Middle Address