

**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 \_\_\_\_\_ Date \_\_\_\_\_  
Parent  Legal Guardian