

**Portsmouth City Schools Emergency Information Form**  
**Churchland High School**

Date: \_\_\_\_\_  
Sport: \_\_\_\_\_  
Home Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
                    Last                    First                    Middle

Address: \_\_\_\_\_  
                    Street                    City                    State    Zip

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Relationship to athlete: \_\_\_\_\_ Contact number: \_\_\_\_\_

Parent/Guardian employed by: \_\_\_\_\_  
                                    Name of Company                                    Work Phone #

Emergency contact other than above: \_\_\_\_\_  
                                    Name                                    Phone #

Athlete's family doctor: \_\_\_\_\_  
                                    Name                                    Phone #

List any medication athlete is currently taking: \_\_\_\_\_

List any known allergies/allergic reactions: \_\_\_\_\_

**All students involved in any type of athletic activity in the Portsmouth City Schools need to have medical insurance. The Virginia High School League has set this standard and all coaches are required to obtain this information.**

Parents/Guardians Insurance Company: \_\_\_\_\_  
  Name

Policy number: \_\_\_\_\_ Group number: \_\_\_\_\_

Policy holder's name: \_\_\_\_\_

In case of an **EMERGENCY**, I give my permission to have my child receive necessary **MEDICAL TREATMENT** for the injury or illness in lieu of my absence.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
                    Street                    City                    State    Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

The above information must be **COMPETELY FILLED OUT** and **RETURNED TO THE COACH** for the athlete to be eligible for practice or competition

## Student Pledge and Parental Statement of Understanding

As a participant in the extracurricular activities program at Churchland High School, I pledge to remain free of alcohol, tobacco and illegal drugs and to exhibit good citizenship at all times. I understand that violation of the Churchland High School extracurricular policy and /or Portsmouth Public Schools Student's Responsibilities, Expectations, and Discipline Regulation, VHSL, or Eastern District Rules might result in my exclusion from the extracurricular activities by the decision of the coach, AD or Principal.

### Section I

Name \_\_\_\_\_ Club/Sport \_\_\_\_\_  
(Please Print)

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Section II

To be completed by parent/guardian

My signature indicates that I have read and understand the Churchland High School participation pledge and policies governing scholastic athletics in Portsmouth Public Schools Athletic Handbook. My signature, grants permission for the student's participation.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address



# Portsmouth City Public Schools

## Student Photo, Video, and Interview Release Form

Great things are happening in Portsmouth City Public Schools! Throughout the school year, we produce a variety of publications and video productions which highlight student and staff achievements, innovative classroom activities, district-wide programs and initiatives, school board policies and procedures, and general information about our school district. Media organizations also help to promote the activities of our school district through newspaper and television news stories.

In order to protect the rights and privacy of our students, parental permission is required before students can be interviewed, videotaped, or photographed for use in school district publications, television productions, or news stories developed by media organizations. We need your permission to use statements from your child, photographs of your child, or videotapes in which your child appears.

Please take a few minutes to complete this permission form. Please answer yes or no in the space preceding each statement. Then, sign your name in the appropriate space.

Name of Child \_\_\_\_\_ Date \_\_\_\_\_

Name of School \_\_\_\_\_

\_\_\_\_\_ I give permission for my child to be photographed, videotaped, and/or interviewed for use in publications or video productions of Portsmouth City Public Schools.

\_\_\_\_\_ I give permission for my child to be photographed, videotaped, and/or interviewed when news media representatives visit his/her school to report on special school programs, classroom activities, or school district events. I also give permission for the news media to use pictures and videotapes of my child and interviews with him/her in the newspaper or on television.

Signature of Parent/Guardian \_\_\_\_\_