

Lincoln-Way East High School
Permission to Participate
EMERGENCY INFORMATION FORM

Dear Parents/Guardians:

This form is for the athletic trainer/coach/sponsor to use in the event that we are unable to contact you in an emergency. This information will be kept by the athletic trainer/coach/sponsor and will be taken to all practices and extracurricular events. Information that is given will be kept in the strictest confidence. This form enables us to provide the best care possible for our students. If you have any questions, please feel free to call the athletic department or the activity director.

Student Name: ID# Age: Gender: Birth Date:

Address: Town/Zip Code:

Home Phone: Work/Cell Phone:

Person to contact in case of an emergency: Phone #:

In the event that I cannot be contacted, I GIVE MY PERMISSION for the Lincoln-Way East High School athletic training staff/coaching staff/club sponsor to seek medical treatment for my son/daughter in the case of injury/illness which is incurred while participating in school sponsored activities.

If my child is not presently covered by my family hospitalization and medical policy, I will need the student accident policy. I understand that if I check this statement I must purchase the accident policy from the school or my child will not be permitted to participate in athletics or extracurricular activities.

(CHECK ONE) I NEED ACCIDENT INSURANCE MY CHILD IS COVERED BY A FAMILY POLICY

Parent or Guardian Signature: Date:

IMPORTANT MEDICAL INFORMATION

Sport(s) Activity(s):

Previous serious injuries (fractures, concussions and surgical procedures):

- Have you lost a paired organ? (kidney, etc.) Yes No
Are you epileptic? Yes No
Have you had any seizures? Yes No
Are you diabetic? Yes No
Are you allergic to bee stings? Yes No
Do you have asthma? Yes No
Have you ever had heat illness? Yes No
Do you wear glasses/contact lenses? Yes No
Are you allergic to any medications? Yes No
If yes, what medications are you allergic to?

Family Physician: Phone:

Do you take a daily/weekly medication? Yes No

If yes, what medications are you taking?

Additional information important to student's health: