

Lincoln-Way West High School
Student Emergency Information

Student Name _____ ID# _____
Date of Birth _____ Age: _____ Gender _____
Activity/Sport: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Home Phone: (_____) _____ Student Cell Phone: (_____) _____

Father's Information:

Full Name: _____ Home Phone: (_____) _____
Cell Phone: (_____) _____ Work Phone: (_____) _____

Mother's Information:

Full Name: _____ Home Phone: (_____) _____
Cell Phone: (_____) _____ Work Phone: (_____) _____

Emergency Contact Person: _____
Relationship: _____ Phone: (_____) _____
Physician Name: _____ Phone: (_____) _____

List ALL medical conditions: ANY allergies or allergic reactions (bee stings, medications, etc.), contact lenses (hard or soft), asthma, diabetes, heat illness, seizures, previous/past injuries and surgeries, and all current medications with dosages:

My child is currently covered by my family hospitalization and medical policy: YES NO
Insurance Company: _____
Policy Number: _____ Group Number _____

My child needs to be covered by the student accident policy. I understand that if I circle "YES," a student accident policy must be purchased for any child or he/she will NOT be allowed to participate in L-W West Activities and Athletics. Insurance may be purchased in the main office. YES NO

NOTICE TO PARENTS:

1. The school is not responsible for injuries or loss resulting from participation in Lincoln-Way West Activities/Athletics/ Field Experiences.
2. In order for students to participate in Lincoln-Way West Activities/Athletics/Field Experiences, the school requires that he/she have accident insurance coverage. Your present family policy probably covers your child here at school. If not, the student is required to take the school's accident policy. All policies have certain limitations and in some cases do not cover all accident expenses. Be sure you understand your child's coverage.
3. Expenses over and above the insurance coverage are the responsibility of the parents. The school assumes no obligation for this.

This form must be completely filled out-----Please continue to other side 

Student Permission

I hereby give permission for _____ to try out for and participate in _____
Print Student Name List Activity or Sport

at Lincoln-Way West High School during the 2016-17 school year.

Print Parent Name Parent Signature Date

Medical Consent

I give my consent/permission to any supervising sponsor or coach of any activity or sport in which my child is at or participating in for Lincoln-Way West High School, and at the right, on my behalf and in my stand, to arrange for licensed and certified physicians and/or athletic trainers to render and provide immediate treatment to my child as to injuries that may be sustained during practice or in an active interscholastic competition, and all without necessity of any other further or additional express authorization by me other than his authorization.

My above permission and consent also extends to the right of any such supervising sponsor or coach or school personnel to arrange for immediate medical treatment and for them to apply such emergency techniques as may be necessary to my child where the same, in their judgment, is deemed appropriate by reason of any injury sustained by my child, and where the same, in their judgment, is deemed reasonably necessary to preserve life or limb of my child.

Print Parent Name Parent Signature Date
