

**Lincoln-Way North 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 North 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 North Activities/Athletics/ Field Experiences.
2. In order for students to participate in Lincoln-Way North 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 North High School during the current 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 North 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

### Release of Student Directory Information For Internet Use

I (We), \_\_\_\_\_  
(Print Name(s) of Parent/Guardian)  
as parent(s)/guardian(s) of \_\_\_\_\_, Student ID #: \_\_\_\_\_  
(Print Child's Name)

hereby authorize Lincoln-Way Community High School District 210 employees and agents to release the following directory information pertaining to my (our) child listed above on the District's website (Check all that apply):

- ☐ Student's name
- ☐ Student's gender
- ☐ Student's grade level
- ☐ Names of student's parents or guardians
- ☐ Student's academic awards, degrees and honors
- ☐ Student's major field of study
- ☐ Student's period of attendance in the school
- ☐ Information in relation to school-sponsored activities, organizations and athletics
- ☐ Photographs, videos, and digital images of the student participating in school or school-sponsored activities, organizations, and athletics

I (we) understand that this consent will remain in effect from the date of my (our) signature until the day my child graduates or otherwise withdraws from the School District. However, I (we) understand that I (we) have the right to revoke this consent in writing at any time.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date