

Lincoln Way North High School
Permission to Participate
EMERGENCY INFORMATION FORM

Dear Parent/Guardian(s):

This form is for 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: _____ City/Zip: _____

Home Phone: _____ Work/Cell Phone: _____

Person to contact in case of emergency:

_____ Phone Number: _____

In the event that I cannot be contacted, I GIVE MY PERMISSION for the Lincoln Way North 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 heart 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? _____		
Do you take a daily/weekly medication?	Yes _____	No _____
If yes, what medication(s) are you taking? _____		

Additional information important to student's health: _____

DISTRICT 210



NORTH HIGH SCHOOL

RELEASE OF STUDENT DIRECTORY INFORMATION FOR INTERNET USE

I (We), _____ (please print),
as parent(s) of _____ (student ID #) _____

I (we) agree that any directory information* pertaining to my (our) child listed above may be released to the general public (including the media) through the school district's web site on the internet except for that information which I (we) have listed directly below:

(In this space you may indicate any information you do not want released to the general public or may insert "Do Not Release Any Information" if you wish.)

*Directory information includes all identifying information, such as: name, town, gender, grade level, age, birth place, photo, parents' names and town, academic awards, degrees and honors, information in relation to school-sponsored activities, organizations and athletics, major field of study, and period of attendance in the school.

Parent Signature

Date

Please return this form to: Stacy Holland, District Director of Community Relations
LINCOLN-WAY HIGH SCHOOL DISTRICT 210
1801 East Lincoln Hwy.
New Lenox, IL 60451-2098