

NEW LENOX SCHOOL DISTRICT 122

102 South Cedar Road, New Lenox, Illinois 60451 Phone 815-485-2169 Fax 815-485-2236

Emergency Contact Information

Student	Sport/Activity
Parent/Guardian	Home phone
Home Address	Cell phone
School student attends	Parent email address
Emergency contact #1(relationship to student)	Contact phone
Emergency contact #2(relationship to student)	Contact phone
Physician	Physician phone
Medical History: Date of Birth: Height: Weight: [] Heart condition [] Diabetes [] Asthma: []Requires child to self-administer medication [] Epilepsy [] Allergies: [] Requires student to carry EpiPen® [] Other List all medications (prescribed and over the counter)	
Injuries (brief description and dates)	
Surgeries (brief description and dates)	
Physical activity restrictions (brief description and duration)	
need exists to limit his/her participation. condition and participation, and will noti 2. I have completed and submitted the <i>Au</i>	thorization for Medical Treatment Form allowing the child in the event of a medical emergency when unsuccessful. ation while participating in athletics, I have
Parent/Guardian signature	Date