

**Lake Forest High School Community Sports  
Emergency Information Form**

Athlete's Name: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Parent's Day Phone:

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Parent's Cell Phone:

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

If parents cannot be reached in an emergency, contact:

Name: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Orthopedist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Known Allergies:

\_\_\_\_\_

Other Conditions (asthma, diabetes, previous head injuries, surgeries, contacts, etc.):

I have reviewed the above information and it is complete and accurate to the best of my knowledge. In case my child needs emergency health care due to the sudden potentially serious illness or injury and it is impossible to contact me, I hereby give Lake Forest High School personnel my permission to arrange for or provide such care as is deemed necessary. I further authorize the lake Forest High School athletic trainers to provide routine care for less serious injuries as directed by the team physician or other physician consulted by us.

Parent's Signature:

\_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_