

# RETURN TO ATHLETIC OFFICE

## EMERGENCY-MEDICAL INFORMATION FORM

LAKE FOREST HIGH SCHOOL  
Lake Forest, Illinois

The Class Of: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Gender: M F (circle) Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Last Name First Name Middle Initial*

Sports?: Please list: Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_

Home address: \_\_\_\_\_ Home telephone: \_\_\_\_\_  
*Street zip*

Father's name: \_\_\_\_\_ Employer: \_\_\_\_\_ Work telephone: \_\_\_\_\_

Cell/pager #: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Employer: \_\_\_\_\_ Work telephone: \_\_\_\_\_

Cell/pager #: \_\_\_\_\_

List a **local** adult who will assume responsibility for the student if parent cannot be reached:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Day telephone: \_\_\_\_\_  
*Street zip*

Cell/pager #: \_\_\_\_\_

Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Telephone: \_\_\_\_\_

Orthopedist: \_\_\_\_\_ Telephone: \_\_\_\_\_

In case my child needs emergency health care due to a sudden potentially serious illness or injury at school 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 trainer/nurse to provide routine care for less serious injuries as directed by the team physicians or other physician consulted by us.

Date: \_\_\_\_\_ Parent/Guardian signature: \_\_\_\_\_

### HISTORY

| Illness            | Year | Explain | Illness          | Year | Explain | Illness          | Year | Explain |
|--------------------|------|---------|------------------|------|---------|------------------|------|---------|
| ADD/ADHD           |      |         | Diabetes         |      |         | Heart            |      |         |
| Allergy            |      |         | Emotional        |      |         | Orthopedic       |      |         |
| Asthma             |      |         | Gastrointestinal |      |         | Seizures         |      |         |
| Concussions        |      |         | Glasses/Contacts |      |         | Strep Infections |      |         |
| Development Delays |      |         | Hearing Loss     |      |         | <b>Other</b>     |      |         |

Does your child have any medical issues (*other than above*)? \_\_\_\_\_ Explain: \_\_\_\_\_

Is there any reason that your child should not participate in all physical activities? \_\_\_\_\_ Explain: \_\_\_\_\_

Current Medications: (*Specify type and dosage*) \_\_\_\_\_

**PLEASE USE REVERSE SIDE FOR ADDITIONAL INFORMATION**