

**Lake Zurich High School**  
**Emergency Information Form**

Student Name: \_\_\_\_\_

Sex: M    F                      Grade \_\_\_\_\_                      Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_                      Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_                      Cellular Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_                      Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_                      Cellular Phone: \_\_\_\_\_

Emergency Names & Phone:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Have the above mentioned people been given authority to act for you in your absence?

YES                      NO

Medical restrictions and allergies (Please explain):

\_\_\_\_\_  
\_\_\_\_\_

Physician: \_\_\_\_\_                      Office Phone: \_\_\_\_\_

Physician's Hospital: \_\_\_\_\_

Has this physician been given authority to treat your child in your absence?                      YES                      NO

*over* →