

LAKE ZURICH MIDDLE SCHOOL NORTH

EMERGENCY RELEASE FORM

Student Name: _____ Sex: M F Grade: _____

Social Security #: _____ Date of Birth: _____

Address: _____

Home Phone: _____

Cellular Phone: _____ Pager: _____

Father's Name: _____ Hours at work: _____

Employer: _____ Work Phone: _____

Mother's Name: _____ Hours at work: _____

Employer: _____ Work Phone: _____

Emergency Contact if parents are unavailable: _____
Phone: _____

Any medical, physical or dietary restrictions we should be aware of? _____

Physician: _____ Phone: _____

Address: _____

Family Insurance Company: _____ Policy No.: _____

Address: _____

I authorize the use of the family insurance company.

Parent Signature

If a parent or guardian or any of the above listed people or numbers cannot be contacted in case of serious injury or illness, I authorize the school to take such emergency actions as may be deemed necessary, including the transportation of the student to a hospital, medical center or physician for treatment. In addition, I authorize the use of our family medical insurance.

Parent/Guardian Signature

Date