

Please Print

Lincoln Public Schools
EMERGENCY INFORMATION REPORT
Lincoln, Nebraska

Student ID # _____

Name _____ Address _____ Zip _____

Date of Birth ____/____/____ [] Male [] Female Grade _____ Student Cell # _____

Activities in which you intend to participate: Fall Winter Spring
Athletics: CC FB GO SB TEN VB BB SW WR BASE GO SOC TEN TR
Band Choir Speech Debate Drama Dance Cheerleading DECA FBLA Skills USA
HOSA FCCLA Orchestra Science Olympiad Vocal Music Symphony Other _____

Father/Guardian _____

Home Address _____ Phone _____

Business Address _____ Phone _____

Email Address _____ Cell Phone _____

Mother/Guardian _____

Home Address _____ Phone _____

Business Address _____ Phone _____

Email Address _____ Cell Phone _____

Name of person other than the above to contact _____

Relationship _____ Address _____ Phone _____

Cell Phone _____

Family Physician _____ Address _____ Phone _____

Health Insurance Yes No Company _____ Policy Number _____

Do you regularly take any medications? _____ If yes, which ones? _____

List any allergies or special conditions you may have _____

Do you wear glasses or contacts? _____ If yes, which? _____

Record of Illness (check those that have occurred)

- [] Appendicitis [] Skin Disease [] Asthma
[] Hernia [] Diabetes [] History of Seizures
[] Rheumatic Fever [] Kidney Disease [] Allergy Anaphylaxis
[] Bone and Joint Disease [] Other _____ To: _____

Record any serious injuries or operations.

The Activity Sponsor, team physician, trainer and coach will apply first aid treatment until the family doctor can be contacted.

We give our consent for Activity Sponsor, coaches, trainers and team physician to use their own judgment in securing medical aid and ambulance service in case the parents cannot be reached.

Parent/Guardian Signature _____ Date _____