

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 GGO SB BTEN VB	BB SW WR	BASE BGO SOC GTEN TR
Activities:	Speech Debate Instrumental Music	Vocal Music Journalism	Play Production
Unified:	Bowling 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? _____

Concussion/Head Injury? _____ If yes, how many and date of last occurrence _____

Record of Illness (check those that have occurred)

- | | | |
|---|---|--|
| <input type="checkbox"/> Appendicitis | <input type="checkbox"/> Skin Disease | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Hernia | <input type="checkbox"/> Diabetes | <input type="checkbox"/> History of Seizures |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Allergy Anaphlaxis |
| <input type="checkbox"/> Bone and Joint Disease | <input type="checkbox"/> Other _____ | To: _____ |

Record any serious injuries or operations.

The Activity Sponsor, Athletic Trainer, Team Physician, and/or Coach will apply first aid treatment until the family doctor can be contacted.

We give our permission for these individuals to use their own judgment in securing medical aid and ambulance service in case the parents/guardian cannot be reached.

Parent/Guardian Signature _____ Date _____