



**Lake Zurich Community Unit School District 95
Participation Packet - Emergency Information Form**

Parents/Guardians: Please note, the District 95 Social Media Procedure (5-125) AP1 requires that:

If a teacher/coach/sponsor plans to use texting for immediate and urgent contact with students/team members, they must be transparent about such use. He/she must make parents aware at the beginning of the school year or season that he/she may use texting. Texting to the entire team/group is preferable to texting to an individual student. If a text is sent to an individual student, parents/guardians must be copied on all texts, in addition to a building administrator and/or athletic/activity director.

Student Name: _____ Sex: M F

School: _____ Grade: _____

Address: _____ Date of Birth: _____

_____ Home Phone: _____

Student Cell Phone: _____ Carrier: _____

Parent/Guardian #1 Name: _____ Parent/Guardian #1 Cell: _____ Carrier: _____

Employer: _____ Work Phone: _____

Parent/Guardian #2 Name: _____ Parent/Guardian #2 Cell: _____ Carrier: _____

Employer: _____ Work Phone: _____

Emergency contacts if parents/guardians are unavailable:

1) _____ Phone: _____

2) _____ Phone: _____

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

Any allergies? _____

Physician: _____ Phone: _____

Address: _____

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 district 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