

DEERFIELD HIGH/MIDDLE SCHOOL EXTRACURRICULAR EMERGENCY LOCATOR FORM

Student		Date of Birth	
Parent/Guardian			
Address			
Phone Number		Cell Phone	

Does your student live with you? If not, please list additional contact information

Parent/Guardian			
Address			
Phone Number		Cell Phone	

Insurance Co.		ID #	
Medical Clinic		Phone	
Hospital		Phone	
Dental		Phone	

EMERGENCY CONTACTS

Name		Relationship	
Address			
Phone Number		Cell Phone	

Name		Relationship	
Address			
Phone Number		Cell Phone	

MEDICAL CONDITIONS

- | | | |
|------------------------------------|--|--|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Bee Sting Allergy | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Orthopedic Problems |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hearing/Vision Loss | <input type="checkbox"/> Other (list) |

OTHER INFORMATION

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In the event that either parent or emergency contact persons cannot be contacted I authorize Deerfield High/Middle School to use discretion and seek medical attention/transportation.

Parent/Guardian Signature

Date