



Township High School District 113 Emergency Information

Please Check School of Attendance: Deerfield High School Highland Park High School

1. Name of Student: _____ CLASS: FR. SO. JR. SR.

2. Address: _____ City: _____

3. Name of Parent/Guardian: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

4. Name of Parent/Guardian: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

5. Student's Primary Care Provider: _____ Phone: _____

6. Student's Dentist: _____ Phone: _____

7. Known Allergies: Identify by Name and Describe Reaction in Detail
medication(s): _____ reaction: _____
food: _____ reaction: _____
other: _____ reaction: _____

8. Known Health Conditions: _____

9. Medications your student takes:
prescription: _____
non-prescription: _____

10. In case of illness or emergency, whom may we contact if unable to reach parent/guardian?
Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____

11. Your signature on this form authorizes release of this information, by the school nurse as a health alert to academic, activity, & athletic staff.

Parent/Guardian Signature: _____ Date: _____