Lakeview High School
Emergency Information

STUDENT
Name_____ Birthday_____Age_____

Grade_____

Parent's Name_____Home Phone_____

Cell Phone_____

Address_____

City_____State_____

Day Phone of Parent: Father_____

Mother_____

IN AN EMERGENCY, IF PARENTS CANNOT BE REACHED…

Notify_____at_____
(name) (phone number)

Family
Doctor_____at_____
(name) (phone number)

Allergies:_____

Insurance Co:_____Policy #_____

We give our consent for personnel to use their own judgment in securing emergency medical aid and ambulance service.

YES_____ NO_____

DATE_____ _____
(Parent's Signature)