

# NEW TRIER TOWNSHIP HIGH SCHOOL DISTRICT 203



*To commit minds to inquiry, hearts to compassion, and lives to the service of humanity.®*

## STUDENT PROFILE

Please print or type in black ink only.

### PERSONAL INFORMATION

_____	_____	_____
Last Name	First	Date of Birth
_____	_____	_____
Address	City	State Zip Code
_____		
Home phone #		
_____		
Names of parent(s)		
_____		
Father's business phone #	Mother's business phone #	

### EMERGENCY INFORMATION

_____		_____
Name of contact		Relationship
_____	_____	_____
Home phone #	Business phone #	Cell phone #
_____	_____	_____
Second contact		Relationship
_____	_____	_____
Home phone #	Business phone #	Cell phone #

### MEDICAL INFORMATION

Do you have any allergies?  yes  no If yes, list: \_\_\_\_\_

Do you take any medication regularly?  yes  no

If yes, what kind, how often, and for what reason? \_\_\_\_\_

Is there any other information regarding your health of which we should be aware (eating disorders, chronic conditions, psychological care past or present, etc.)? Please be specific.

Do you have any dietary restrictions?  yes  no Please explain: \_\_\_\_\_

Name of medical insurance \_\_\_\_\_ Policy # \_\_\_\_\_

Primary Care Physician Name and Phone \_\_\_\_\_