New Trier High School
HEALTH SERVICES
STUDENT EMERGENCY INFORMATION

Health Services Fax: Winnetka 847-835-9852 **Northfield 847-784-3113**

Please update all information below as changes occur.

Student's Name_____ Class of _____
Last First Middle

Address_____City_____Zip_____

Home Telephone _____Birthdate_____

To Parent or Guardian:
To serve your child in case of accident or sudden illness, please provide the following emergency information.

Mother/Guardian

Name_____

Address_____

Home phone_____
Work phone_____
Cell phone_____
Other phone_____

Father/Guardian

Name_____

Address_____

Home phone_____
Work phone_____
Cell phone_____
Other phone_____

Emergency Contacts
List the nearby neighbors, relatives, or caretakers (nanny, secretary, and housekeeper) who will assume temporary care of your child if you cannot be reached. Please make your child aware of these contacts.

Name_____ Name_____

Telephone_____ Telephone_____

Name_____ Name_____

Telephone_____ Telephone_____

Medical Providers

Physician_____ Telephone_____

In case of illness or emergency, I give school authorities permission to call persons named above. I understand that school authorities will contact the local Emergency Medical System when necessary. I also give permission for school authorities to communicate with the physician or hospital regarding my child.

Signature_____ Date_____
Parent/Guardian

I will notify Health Services of any changes in phone numbers or other emergency information.

12-09