



West Central HS

C.U.S.D. #235

1514 US Hwy 34, Biggsville IL, 61418
Fax (309).627.2021--Phone (309).627.2377

Student Name: _____

Grade in School: _____

Emergency Contact #1

Name: _____

Relationship: _____

Phone: _____

Emergency Contact #2

Name: _____

Relationship: _____

Phone: _____

Student Allergies: _____

Medications currently Prescribed: _____

In case the emergency contact is not available, the adult on hand has permission to request medical assistance for this student if such assistance is needed.

Parent Name: (please print)

Parent Signature

Date

Athletic Director
zaiser-joel@wc235.k12.il.us