



CHALLENGER LEARNING CENTER AT HEARTLAND COMMUNITY COLLEGE

EMERGENCY INFORMATION AND STUDENT DATA FORM

Parent/Guardian: Please print the student data and emergency information form below.

Student's Legal Name: _____ Gender: Male / Female Birthdate: ___/___/___

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

County (circle one): DeWitt Livingston Logan McLean Tazewell Other: _____

School

Teacher

Grade

The following demographic items are requested for state reporting:

Are you Hispanic or Latino? Yes No

Are you from one or more of the following racial groups?

American Indian/Alaskan Native Asian Black/African American

Native Hawaiian/Other Pacific Islander White Choose Not to Respond

Identify your primary racial group from the list above: _____

Are you in the United States on a Visa-Nonresident Alien? Yes No

If yes, please indicate Visa type _____ Country of origin _____

By completing this form you authorize the College to secure medical treatment for your child in the event of an emergency:

Name of Parent/Legal Guardian _____ Emergency Phone# _____

Alternate Name of Parent/Legal Guardian _____ Emergency Phone# _____

Child's Doctor _____ Phone # _____

Hospital Affiliation: Advocate BroMenn Medical Center OSF St. Joseph Medical Center Either

Any medical/physical information we should know about your child? (i.e. allergies, diet) _____

I agree to indemnify and hold harmless The Challenger Learning Center (CLC) and Heartland Community College, its officers, agents, and employees for any loss or injury that my child may sustain while participating in the student activities.

Notice of Photo/Film Release: Occasionally, students are photographed or filmed during their mission. I consent to publication of such photos/film for use in the promotion or advertisement of Challenger Learning Center and Heartland Community College.

Check here only if you do NOT consent to photo/film release.

Check here only if you do NOT want to receive information about CLC programs and camps.

Parent or Guardian Signature

Date

FOR OFFICE USE ONLY:		
Date Received _____	Entered by _____	Empl ID _____