

Emergency Contact Information

Student Name (Last, First) _____

Parent(s)/Guardian(s) _____

Home Phone: (_____) _____

Cell phone(s): (_____) _____

Other cell: (_____) _____

Mother's employer: _____ Work ph: _____

Father's employer: _____ Work ph: _____

Insurance: _____ Member ID: _____

Insurance telephone: (_____) _____

Primary Care Physician: _____ Phone: _____

Other Emergency Contact: _____ Phone: _____

MEDICAL INFORMATION (Including allergies and/or other special conditions)

() Glasses/contacts () Asthma () Allergies – *list below* () Medication(s) – *list below*

List all known allergies, medications, and special health conditions/restrictions: _____

“I, _____, the parent/guardian of the student named above, give my permission from my child to participate in all activities with the Timberview High School Band. I will not hold Timberview High School, Timberview High School Band Staff, or Volunteers responsible for any injuries or accidents that occur while on a Band Function. I give my permission to the Timberview High School Band Staff to obtain emergency medical care for my child if I cannot be reached.”

Signature of Parent/Guardian

Date