BREMEN HIGH SCHOOL BAND
EMERGENCY AND CONTACT INFORMATION

Please Print:

Student name_____
First Middle Last

Address_____
Street Town Zip code

Home Phone_____ Date of Birth _____

Parent E-mail Address _____
Is it okay to list your email address on a list of parent email addresses to be distributed to all parents via email?____

Student E-mail Address _____

Student Cell Phone_____

Father/Guardian name_____

Home Address_____

Home Phone _____Work Phone_____

Cell Phone_____

Mother/Guardian name_____

Home Address_____

Home Phone _____Work Phone_____

Cell Phone_____

IN CASE OF EMERGENCY AND NEITHER PARENT CAN BE REACHED, PLEASE LIST NAME AND PHONE NUMBER OF RELATIVE OR FRIEND WE MAY CONTACT.

EMERGENCY NAME _____

Phone Number _____Alternate Phone Number _____

Relationship_____

Allergies: Yes _____ No _____ If yes, please list: _____

_____

Medical Conditions (Please Explain): _____

_____

Medication Student Takes On A Regular Basis (Please Explain): _____

_____

Physician's Name _____Phone_____

Dentist's Name _____Phone_____

Hospital of Choice_____ (EMT or Paramedic may override choice)

I grant permission for my child to receive over the counter medications. Check One. _____Yes _____No

I grant permission for my child to receive emergency medical treatment in case of illness or injury.

I grant permission for my child's image to appear in press and promotions of the band (website, newspaper, etc.).

Parent/Guardian signature_____Date_____

STUDENT LAST NAME

STUDENT FIRST NAME