

MERRILL HIGH SCHOOL BANDS 2019-2020

CONTACT/EMERGENCY INFORMATION FORM

Because band students have numerous performances which are either at school, in the community, or on band trips outside of Merrill, it is important that we have accurate contact information and basic medical information readily available in the event of a medical emergency. Please do not hesitate to tell us anything you feel is important for the health of your student. Only the band director and medical staff (if needed) will see the sheets.

****Please note this is separate information from the Health Information Form sent out by the high school. We apologize for the duplication, but due to summer and fall band activities, we need this information sooner.****

STUDENT NAME: _____ **STUDENT CELL #:** _____
(Last, First)

HOME ADDRESS: _____
(Street, City, Zip)

BIRTH DATE: _____ **GRADE:** _____

MOTHER'S NAME: _____ **PHONE #:** _____

FATHER'S NAME: _____ **PHONE #:** _____

IN CASE OF EMERGENCY, AND PARENTS CANNOT BE REACHED, THE FOLLOWING SHOULD BE CONTACTED:

CONTACT #1: _____ **PHONE #:** _____

CONTACT #2: _____ **PHONE #:** _____

ALL MEDICAL INFORMATION IS KEPT CONFIDENTIAL

Please list any/all medical conditions emergency personnel should be aware of (i.e. allergies, drug allergies, asthma, diabetic, special health needs, etc.):

(OVER)

Please list all medications taken on a regular basis. (Please list conditions for which they are taken, dosage (if known), and frequency. Please include inhalers and epipens.)

****Students will be responsible for taking their own medication. Instructors can only provide a reminder to take medication.****

I acknowledge the information provided above is true and correct to the best of my knowledge.

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

(OVER)