

MEMBER CONTACT & MEDICAL INFORMATION SHEET

Student Information					
Student First Name		Student Last Name		T-Shirt Size	
<input type="checkbox"/> 7th	<input type="checkbox"/> 8th	<input type="checkbox"/> 9th	<input type="checkbox"/> 10th	<input type="checkbox"/> 11th	<input type="checkbox"/> 12th
Rising to Grade:					
()		()			
Home Phone		Cell Phone			
		<input type="checkbox"/> Male		<input type="checkbox"/> Female	
Date of Birth			Gender		
Instrument		Student Email			
Address					
City		State		Zip Code	

Alternate Emergency Contact (Not a Parent or Guardian)	
First Name	Last Name
Relationship to Student	
()	
Home Phone	Work Phone
()	
Cell Phone	
Email – Most Frequently Used For Updates & Contact	
Address	
City	State Zip Code

Parent / Guardian Contact Information			
First Name Parent / Guardian		Last Name Parent / Guardian	
		()	
Relation to Student		Home Phone	
()		()	
Work Phone		Cell Phone	
Email – Most Frequently Used For Updates & Contact			
<input type="checkbox"/> Same as Students	Address		
	City	State	Zip Code

First Name Parent / Guardian		Last Name Parent / Guardian	
		()	
Relation to Student		Home Phone	
()		()	
Work Phone		Cell Phone	
Email – Most Frequently Used For Updates & Contact			
<input type="checkbox"/> Same as Students	Address		
	City	State	Zip Code

Medical Information	
Hospital/Clinic Preference	
Physician's Name	Phone Number
Insurance Company	Policy Number
Allergies/Special Health Considerations	
<p>I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the medical staff selected by the Band Director or chaperones for my child, and waive my right to informed consent of treatment. This waiver applies only in the event that the parent/guardian on file cannot be reached in the case of an emergency.</p>	
Parent's/Guardian's Signature	Date
<p>I give permission for my child to go on field trips and competitions. I release West Lincoln High School Band Program, Band Aides and individual chaperones from liability in case of accident during activities related to the West Lincoln High School Band Program, excepting where common safety procedures have not been followed.</p>	
Parent's/Guardian's Signature / Date	