

Student Medical and Contact Information
EHS MUSIC PROGRAM

Student Name: _____ **GRADE:** 9th 10th 11th 12th

 Marching Band **Jazz Band** **Concert Band** **Symphonic Band** **Color Guard** **Majorette**

Student Address: _____

City/Zip Code: _____

Student Home Phone #: _____ **Student Cell Phone#** _____

Student Email Address: _____

Father's Name: _____	Mother's Name: _____
Home Phone # _____	Home phone# _____
Father's Cell Phone # _____	Cell Phone# _____
Father's Email Address: _____	Email Address _____
Email me with band updates <u> </u> YES <u> </u> NO	Email me with band updates <u> </u> YES <u> </u> NO

MEDICAL INFORMATION:

Student Date of Birth: _____

Allergies: (Foods/Medications/insects/other) _____

Student has EPI-PEN YES NO (If yes, it is the responsibility of your student to have one with them at all times)

Asthma **Inhaler?** YES NO (If yes, it is the responsibility of your student to have one with them at all times)

Seizures _____

Any other Medical Concerns: _____

Current Medications/Dosage: _____

Students Family Doctor: _____ **Phone Number:** _____

In the event of an Emergency please indicate 2 Emergency contacts other than parents/guardians)	
1) Name: _____	
Relationship to Student: _____	
Home Phone #: _____	Cell Phone #: _____
2) Name: _____	
Relationship to Student: _____	
Home Phone #: _____	Cell Phone #: _____

I (parent/guardian) of _____ give permission for my child to be treated by a physician in the event that Emergency treatment is necessary. I understand every effort will be made to contact me if an Emergency arises. I release Mr. Harrington, the East Penn School District, and chaperones from all liability but will trust that they will properly care for my child in my absence.

Parent/Guardian Signature: _____ **Date:** _____