Music Department 2019-2020 School Year Emergency Contact Information

TEACHER____ GRADE IN SCHOOL___________

STUDENT'S NAME ____ D.O.B. (XX/XX/XXXX) ______________________

ADDRESS ____ PHONE NO. ( ) ________________________________

MOTHER'S NAME ____________________________________ FATHER'S NAME______________________________________

CELL PHONE ( ) ___________________________________ CELL PHONE ( ) ___________________________________

BUSINESS PHONE ( ) ________________________ EXT.___ BUSINESS PHONE ( ) ________________________ EXT.___

STUDENT MEDICAL INFORMATION: ALLERGIES______________________________ ASTHMA? ___________________________

ROUTINE MEDICATION? ____________________________ FREQUENCY _______________ WEARS GLASSES? _____________

PERTINENT MEDICAL HISTORY ____

DOCTOR'S NAME ___________________________________ PHONE NO. ( ) ____________________________________

DOCTOR'S ADDRESS ____

I give the School Nurse permission to contact my child's physician in the event there are concerns or questions regarding my child's health and well-being. In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to make whatever arrangements seem necessary.

____ ____

Date Parent/Guardian Signature

EMERGENCY CONTACTS IN YOUR ABSENCES

NAME__________________________________ HOME PHONE ____________________WORK PHONE ____________________

RELATIONSHIP TO CHILD____ CELL PHONE ____________________

NAME__________________________________ HOME PHONE ____________________WORK PHONE ____________________

RELATIONSHIP TO CHILD____ CELL PHONE ____________________

NAME__________________________________ HOME PHONE ____________________WORK PHONE ____________________

RELATIONSHIP TO CHILD____ CELL PHONE ____________________

PLEASE LIST ONLY INDIVIDUALS WHO ARE LOCAL AND AVAILABLE