

**Centennial Band
Medical Emergency Information
School Year 2017 – 2018**

Student's Name

Date of Birth

Age

Grade

Parent(s) Name

Home Address

City, State, ZIP

Cell

Work

Emergency Contact

Relationship

Cell

Family Physician

Phone

Allergies and/or Special Medical Conditions:

Insurance Information:

Insurance Provider

Policy #

Phone

ID#

In the event of an emergency, does the CHS Band Staff have permission to seek medical attention? ___ YES ___ NO

Parent Signature