

Clay-Chalkville Cougar Band Medical Information

Student Information

Name _____

Address _____

City _____ Zip _____

Parent/Guardian Information

Mother _____

Father _____

Address _____

Address _____

Home Phone _____

Home Phone _____

Work Phone _____

Work Phone _____

Cell Phone _____

Cell Phone _____

E-Mail _____

E-Mail _____

Emergency Contact Other than Parent(s) *(state relationship)*:

Name: _____ Relationship: _____ Phone: _____

Family Doctor

_____ Phone: _____

Insurance Company

Allergies or Medical Conditions

We the undersigned member and parent or legal guardian thereof, acknowledge that we have received, read, and understood all the documents in the Clay-Chalkville High School Band Handbook. We further agree to accept and follow all rules set forth in this document.

Student Signature _____ Date _____

Parent Signature _____ Date _____