



East Haven High School Co-op Marching Band

2019-2020 Emergency Medical Form

Student's full Name: _____

Student email address: _____

Gender: M/F Date of Birth: _____ Grade: _____

Address: _____

Home Phone: _____ - _____ - _____ Student Cell Phone: _____ - _____ - _____

Parent/Guardian Full Name: _____

Parent email address: _____

Address: _____ (If different from above address)

Home Phone: _____ - _____ - _____ Work: _____ - _____ - _____ Cell: _____ - _____ - _____

Emergency Contact Name: _____

Relationship to student: _____

Emergency Phone: _____ - _____ - _____

Medical History

Doctor's Name: _____ Dr. Office phone number: _____

Does your child have any medical concerns? Allergies to medications, diabetic, Asthma, insect bites, allergies to food, etc?

If yes, please explain:

I _____ (name of parent/guardian) authorize emergency medical treatment for my child in the event I cannot be reached.

Parent Signature: _____ Date: _____

