



STORM GROVE MIDDLE SCHOOL BAND

2023-2024

Emergency Medical Information Form

This form provides student information to medical personnel in the event of injury or illness during a band activity. **TO BE VALID, THIS FORM MUST BE SIGNED BY A PARENT/GUARDIAN**

1. Student Information

Student Name _____ Date of Birth ___/___/____
Address _____ Home Phone _____
City, State Zip _____ 2023-2024 Grade Level _____

2. Medical History

Date of last Tetanus of DTP shot ___/___/____
Any current medical conditions that should be noted: _____

List any prescription or non-prescription medication the students takes on a regular basis: _____
Student's Physician _____ Phone # _____
Health Insurance _____
Company _____
Insurance Company Phone # _____ Policy # _____

3. Parent/Guardian Information

Parent/Guardian #1

Name _____
Address _____
City, State Zip _____
Employer _____
Email Address _____
Phone #'s _____
Home # _____
Work # _____
Cell # _____

Parent/Guardian #2

Name _____
Address _____
City, State Zip _____
Employer _____
Email Address _____
Phone #'s _____
Home # _____
Work # _____
Cell # _____

4. Alternate Emergency Contacts

Alternate Emergency Contact #1

Name _____
Home # _____
Work # _____
Cell # _____

Alternate Emergency Contact #2

Name _____
Home # _____
Work # _____
Cell # _____

Parent/Guardian Signature

Printed Name

Date