

Triton Central High School Band 2020-2021 Emergency Medical Form

Student Name _____

Home Address _____

Date of Birth ____/____/____

Emergency Contact _____

Primary Emergency Phone (____) _____

Secondary Emergency Phone (____) _____

Insurance Co. & Policy Holder _____

Please list any medications student takes regularly:

Please list any allergies:

Major Surgery in last Year _____

Chronic Medical Conditions _____

I give my consent for my child to travel with and participate in all band activities for the Triton Central High School Band program during the 2020-2021 school year.

I give permission for any medical treatment necessary for the health and well-being of my child.

Parent/Guardian Signature _____