

SOUTHERN GUILFORD HIGH SCHOOL BAND

2009-10 SGHS MARCHING BAND STUDENT INFO SHEET

STUDENT NAME: _____ GRADE: _____

ADDRESS: _____ CITY/ZIP: _____

HOME PHONE #: _____ CELL PHONE #: _____

EMAIL: _____

PARENT/GUARDIAN
NAME(S): _____

MOTHER'S CELL #: _____ FATHER'S CELL #: _____

MOTHER'S EMAIL: _____ FATHER'S EMAIL: _____

INSTRUMENT(S): _____

ALLERGIES/MEDICAL
CONDITIONS: _____

MEDICAL
INSURANCE INFO: _____ POLICY #: _____

EMERGENCY
CONTACT/DOCTOR: _____ PHONE #: _____

ADDITIONAL COMMENTS: _____



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MEDICAL EMERGENCY FORM 2009-10

Fill in and sign one of the following:

I allow my child, _____, to be treated for any medical emergency that occurs on a band trip.

Parent/Guardian Signature: _____

I do not allow my child, _____, to be treated for any medical emergency that occurs on a band trip.

Parent/Guardian Signature: _____

Fill in one of the following:

My child may take the following medications/prescriptions as needed on a trip. I understand that all medications must be administered by a chaperone: _____

AND/OR (CIRCLE)

My child may take any over-the-counter medications administered by the chaperone.

