

WBHS BAND STUDENT INFORMATION & MEDICAL FORM

STUDENT INFORMATION

Name:		DOB:
Street Address:		Cell:
City:	State:	Zip:
Student Email:		Grade:
Instrument/Guard:		ool Instrument:
	Adult Contacts	
Namo:		
City:	State	Cell:
City:(Select One)	Drimary Parent/Guardian	Zip: Emergency Contact Only
Contact Type (Select One)	Primary Parent/Guardian	Efficiency Contact Offiy
Name:		Relation:
City:	State:	Zip:
		Emergency Contact Only
Namo		Polation
City:	C+a+o.	Cell:
	Primary Parent/Guardian	Zip:
Known Allergies:		
	ns:	
_	lease initial which medications cofen Benadryl	nister the following over-the-counter an be given) Hydrocortisone Tums Cough Drops Dramamine
child. I further guarantee payments in f	full for any emergency services and goods re are the use of photography for the purpose of	e of a parent) concerning emergency treatment for my ndered by or through the attending physicians(s) upon f promoting and celebrating the band through our social
 Parent/Guardian Signati	ure Printed Nam	ne Date