

Student Name: _____ Alpha ID: _____

DeLand High School Band- Medical Information Sheet

Please **PRINT** or **TYPE** clearly and fill in all blanks.

Student name: _____ Date of Birth: _____

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Name: _____ Phone: _____

Please give the names of who could locate the parents in the event of an emergency if you are not reached:

Name: _____ Phone: _____

Name: _____ Phone: _____

Medical Information:

Insurance Company: _____ Policy #: _____

List all medical conditions: _____

Allergies: _____

Usual severity of reaction (please circle): Mild Moderate Severe Life-threatening

Please describe any pertinent conditions or medical information in case of an emergency. You may use another piece of paper if needed:
