

PLEASE FILL OUT BOTH SIDES OF THIS FORM AND RETURN IN ENCLOSED ENVELOPE
FORM MUST BE RETURNED BY THE FIRST DAY OF BAND CAMP

Wethersfield High School
Marching Band Emergency Contact Information
2011-2012

Student Name: _____ Grade: _____

Date of Birth: _____ Gender: Male _____ Female _____

Parent(s)/ Guardian(s) Names: _____

Address: _____ Wethersfield, CT

E-Mail Address: _____

| Parents/Guardian Name: | Home Phone | Work Phone | Cell Phone |
|------------------------|------------|------------|------------|
| | | | |
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Please provide the name and telephone numbers of at least one emergency contact person
[If parent/ guardian is unavailable]:

| Name: | Relationship: | Home Phone: | Work Phone: | Cell Phone: |
|-------|---------------|-------------|-------------|-------------|
| | | | | |
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Please list any medications your student is currently taking:

Please list any allergies: (Medications, Food, etc.)

Signature of Parent/ Guardian: _____ Date: _____