

Westwood HS Choir - Student Contact Information

This form is placed in the student trip folder – in the event of an emergency when access to Charms is unavailable, this document can be used to gather information quickly.

Student ID Number

Name (first, MI, last)

Address

City, St Zip

Home Phone Student's Cell

E-mail

Same address, and phone for mother? Circle Y or N father? Circle Y or N

Which Choir Period(s) are you in? 2 3 5 7

Grade Gender

Voice Part

Birthdate

Shirt Size (Adult)

EMERGENCY CONTACT #1

Relationship? _____

First Last

Phone (w) (h) (c)

Address

City, St Zip

E-mail

EMERGENCY CONTACT #2

Relationship? _____

First Last

Phone (w) (h) (c)

Address

City, St Zip

E-mail

PLEASE FILL OUT BOTH SIDES OF THIS FORM

Travel and Medical Information

Does your child have any medical conditions or is he/she under medication that we should know about?

No _____ Yes _____

If yes, please explain:

Please list any allergies:

Insurance Information

Policy Holder _____ Insurance Company _____

Policy Number _____ Group Number _____

Insurance Company Phone # _____ Insurance Address _____

Doctor's Name _____ Doctor's Office # _____

In the event that I cannot be reached in an emergency, I give permission to the choir directors and/or authorized personnel to secure the proper treatment for my child.

Father _____ Printed Name _____

Mother _____ Printed Name _____

Guardian _____ Printed Name _____

PLEASE FILL OUT BOTH SIDES OF THIS FORM
