

**2013-2014 Liberty High School Band Program  
Emergency Medical Information**

Student's Name: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_

Parent/Guardian's Name(s): \_\_\_\_\_

Mom Cell: \_\_\_\_\_ Dad Cell: \_\_\_\_\_

Mom Work: \_\_\_\_\_ Dad Work: \_\_\_\_\_

Contact Person in Case of Emergency: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Emergency Telephone Number: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Group/Policy #: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Medications/Dosage: \_\_\_\_\_  
\_\_\_\_\_

Allergies/Allergic reactions: \_\_\_\_\_  
\_\_\_\_\_

Acute/Chronic Medical Conditions: \_\_\_\_\_  
\_\_\_\_\_

Special Dietary Needs: \_\_\_\_\_  
\_\_\_\_\_

Other important medical info: \_\_\_\_\_  
\_\_\_\_\_