

EDISON HIGH SCHOOL MARCHING BAND & COLOR GUARD
STUDENT EMERGENCY INFORMATION

Student's Name _____ Student ID# _____
Last First Middle

Home Address: _____
House Number, Street Name, Apt #, City, ZipCode

Home Phone: _____

Email address: _____

Parent/Guardian Name & Phone number _____

IN THE CASE OF ILLNESS OR ACCIDENT CONTACT:

1st contact: _____
Name Contact # Relationship to student

2nd contact: _____
Name Contact # Relationship to student

MEDICAL INFORMATION

This Student has the following health condition(s). (Check all that apply to this student)

- | | | |
|--|---|---|
| <input type="checkbox"/> Vision Difficulty | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts | <input type="checkbox"/> Allergies | <input type="checkbox"/> Bleeder |
| <input type="checkbox"/> Hearing Difficulty | <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Hearing Aid | <input type="checkbox"/> Bee Sting Allergy | <input type="checkbox"/> Food Allergy |
| <input type="checkbox"/> Serious Illness | <input type="checkbox"/> Medication Allergy | <input type="checkbox"/> Peanut Allergy |
| <input type="checkbox"/> Serious Accident | | |

Explain Items Checked: _____

Family Doctor: _____ Phone: _____
Health Plan: _____

If an emergency should arise which requires immediate medical regime and we; as the parents/guardians cannot be contacted, you are authorized to take whatever steps are needed to protect the health of this student. Yes _____ No _____

Parent/Guardian Signature

Date