

OLENTANGY BAND HEALTH FORM 2007

1. STUDENT'S NAME _____

2. ADDRESS _____

3. HOME PHONE _____

4. DAYTIME PARENT'S PHONE _____ or _____

5. ALLERGIES/MEDICAL CONDITIONS

6. MEDICATIONS/TREATMENT FOR ABOVE

7. ANY OTHERS CONDITIONS THAT WOULD IMPACT ON YOUR CHILD'S PARTICIPATION IN BAND CAMP AND MARCHING BAND?

8. INSURANCE CO. NAME _____

9. POLICY NUMBER _____

10. PERSON TO GET IN TOUCH WITH IN CASE OF EMERGENCY:

NAME _____

PHONE _____

To the best of our ability, this information is current and correct.

STUDENT SIGNATURE _____

PARENT SIGNATURE _____