

Morristown Jr./Sr. High School Band 2022-2023
Emergency Medical Form

Student Name _____

Date of Birth ____/____/____

Emergency Contact _____

Primary Emergency Phone (____) _____

Secondary Emergency Phone (____) _____

Insurance Co. & Policy Holder: _____

Please list any medications student takes regularly:

Please list any allergies:

Major surgery in the last year: _____

Chronic medical conditions that instructors/staff should be aware of:

I give my consent for my child to travel with and participate in all band activities with the Morristown Jr./Sr. High School Band & Guard program during the 2022-2023 school year. I give permission for medical personnel to administer treatment in an emergency as they deem necessary and in consideration of the information on this form.

Parent/Guardian Signature _____