

Warren Central High School

Big Blue

Band

1000 Hwy 27 South
Vicksburg, MS 39180

www.bigbluebands.com
phone/fax: 601-631-2864

STUDENT INFORMATION

PLEASE NOTARIZE AND RETURN TWO FORMS.

PLEASE PRINT

STUDENT NAME _____

PARENT NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

STUDENT DATE OF BIRTH _____ HOME PHONE _____

WHAT INSTRUMENT YOU PLAY _____ BRAND _____

INSTRUMENT MODEL NAME/NUMBER _____

INSTRUMENT SERIAL NUMBER _____

STUDENT SIGNATURE _____

OVER

EMERGENCY MEDICAL TREATMENT FORM

Although we do not anticipate having any medical emergencies, we must be prepared for them. In case of emergency, we will call you before any treatment, if time permits. Please completely fill out TWO of these forms. One for the bus your child rides and one for a master file.

FATHER'S PLACE OF EMPLOYMENT _____

MOTHER'S PLACE OF EMPLOYMENT _____

FATHER'S WORK NUMBER _____ MOTHER'S WORK NUMBER _____

NAME OF FAMILY INSURANCE COMPANY _____

POLICY NUMBER _____ NAME POLICY IS IN _____

PLEASE LIST ANY OTHER NAMES AND PHONE NUMBERS IN CASE OF EMERGENCY

MEDICAL INFORMATION

PLEASE LIST ANY MEDICATIONS OR CONDITIONS _____

NAME OF FAMILY DOCTOR _____ PHONE _____

IS YOUR CHILD ALLERGIC TO ANY MEDICATION? PLEASE LIST: _____

**THIS FORM MUST BE COMPLETELY FILLED-OUT AND NOTARIZED
BEFORE YOUR CHILD CAN PARTICIPATE WITH THE BAND
BOTH THESE FORMS ARE DUE FRIDAY, MAY 20, 2011
BEFORE THE END OF SCHOOL**

PRINTED PARENT NAME: _____

PARENT'S SIGNATURE _____

PRINTED STUDENT NAME _____

STUDENT'S SIGNATURE _____

NOTARY'S SIGNATURE _____

DATE _____

PARENT E-MAIL ADDRESS: _____