

Cougar Band – Emergency Contact and Medical Release

Student Last Name First Name Middle Initial

Address Birth Date

City State Zip Home Telephone

Cell Phone Email Address

Father Name (first, last) Employer Contact

Cell Phone Father Email Address

Mother Name (first, last) Employer Contact

Cell Phone Mother Email Address

Insurance Company (Student coverage) Policy Number

Primary Physician (or regular treatment facility) Telephone/Contact Info

Additional emergency contacts (if any) include phone and relationship to student (e.g. grandparent, pastor, etc.)

List Allergies to medicine and/or food (e.g. penicillin, peanuts) – List other conditions (e.g. diabetic, etc.)

In case of emergency and a parent cannot be contacted, I authorize Mr. Reynolds or other SSHS personnel to obtain medical treatment including: x-ray, anesthetic, medical or surgical diagnosis or treatment, and hospital service that may be deemed necessary; and any of the following medications (check all that apply):

Aspirin Tylenol Advil Benadryl Kaopectate Dramamine Sudafed
 Pepto Bismol Alka Seltzer (others) _____

Signature of parent(s) or guardian

Date