

MSBOA DISTRICT XI

MIDDLE SCHOOL HONORS BAND 2023

TUESDAY, NOVEMBER 7TH

Emergency Contact Form

Student Name _____

Instrument _____

School District _____ Band Director's Name _____

Parent/Guardian Name _____

1st Phone # _____ (Circle One) Home Cell Work

2nd Phone # _____ (Circle One) Home Cell Work

Emergency Contact Name _____

Contact Number(s) _____

Please List Any Allergies: (Use the Back of this form if needed)

Please List Any Medications: (Use the Back of this form if needed)

In the event of a medical emergency, we give permission for the MSBOA honors band directors to contact medical personnel and to seek medical attention for my child.

Parent Signature _____ Date _____

Medical Insurance Information _____

**Please return this form to your band director right away so that they can send it to the honors band committee for appropriate filing. These records will remain confidential and will be destroyed at the conclusion of the event.*