

Mokena Junior High School

Emergency Information for Students in Music Ensembles

THIS FORM MUST BE FILLED OUT BEFORE PARTICIPATING

Student's Full Name:	Date of Birth:	Address:
Parent/Guardian:	Phone Number:	Emergency Contact Phone Number for Parent/Guardian
Relationship to Student:	Work: Cell:	
Parent/Guardian (optional):	Phone Number:	Emergency Contact Phone Number for Parent/Guardian
Relationship to Student:	Work: Cell:	
In Case of Emergency, Contact:	Phone Number:	Relationship to Student:
1.	1.	1.
2.	2.	2.
Student lives with: <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Both Parents <input type="checkbox"/> Other:	Pertinent Custody Information:	Allergies or Other Important Medical Information: Medications:
Family Doctor:	Location:	Phone Number:

I approve the school officials to request the aid of the local paramedics in whatever community we may be in the event of a serious injury or illness.

Parent/Guardian _____ Date _____