

WMHS "Burnt Orange Band" 2015-2016

Emergency Health Information

Please print neatly and fill out form as completely as possible.

Student First and Last Name _____

Student Date of Birth _____

Student Gender (circle one) _____ Male _____ Female _____

Parent/Guardian #1 Name _____

Parent/Guardian #1 Daytime Phone Number _____

Parent/Guardian #1 Cell Phone/Other Number _____

Parent/Guardian #2 Name _____

Parent/Guardian #2 Relationship to Student _____

Parent/Guardian #2 Daytime Phone Number _____

Parent/Guardian #2 Cell Phone/Other Number _____

In the event parent/guardian cannot be reached at the above numbers, please contact:

Emergency Contact #1 Name _____

Emergency Contact #1 Relationship to Student _____

Emergency Contact #1 Phone Number _____

Emergency Contact #2 Name _____

Emergency Contact #2 Relationship to Student _____

Emergency Contact #2 Phone Number _____