



FAMILY & HEALTH INFORMATION FORM

For Office Use Only: QB Date _____ FMP _____

STUDENT INFORMATION

Name: _____ Grade: _____ Birthday: _____
Address: _____ City: _____ State: _____ Zip Code: _____

PARENT #1 INFORMATION

Name: _____
Spouse (if different than Parent #2) _____
Address: _____
City: _____
State: _____ Zip Code: _____
Occupation: _____
Employer: _____
Email: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____

PARENT #2 INFORMATION

Name: _____
Spouse (if different than Parent #1) _____
Address: _____
City: _____
State: _____ Zip Code: _____
Occupation: _____
Employer: _____
Email: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____

EMERGENCY CONTACT INFORMATION

In the event of an emergency, we will make every attempt to contact a parent. Please provide names of two people to contact if a parent cannot be reached. (Be sure to list the names of people who usually know your whereabouts.)

#1 Contact Name: _____
Relationship to Student: _____
Primary Phone: _____
Secondary Phone: _____

#2 Contact Name: _____
Relationship to Student: _____
Primary Phone: _____
Secondary Phone: _____

MEDICAL INFORMATION

Physical or Diet Restrictions: _____
Allergies: _____
Additional Comments: _____

SIGNATURE AND STATEMENT OF RELEASE

I hereby authorize the staff or parent volunteers of Encore Music Academy to obtain medical treatment for my child in the event of an emergency. I release Encore Music Academy, their employees, and volunteers from any claim of liability in connection therewith. This form is up to date and complete to my knowledge.

Signature _____ Date _____

(Parent if student is under 18)