



2018-2019 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 mother) _____
Address: _____
City: _____
State: _____ Zip Code: _____
Occupation: _____
Employer: _____
Email: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____

PARENT #2 INFORMATION

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

INSURANCE INFORMATION

Provider: _____ Group ID#: _____
Name of Insured: _____ ID#: _____

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

MEDICAL INFORMATION

Physician Name: _____ Physician Phone: _____
Medical Condition: _____
Current Medication and Dosage: _____
Physical or Diet Restrictions: _____
Allergies: _____
Significant medical history: _____

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)