

Emergency Contact and Medical Information

Child's Name	Date of Birth		M	F
			Sex	
Parent's/Guardian's Name	Parent's/Guardian's Name			
Home Phone	Work Phone	Home Phone	Work Phone	
Address	Address			
City, ST ZIP Code	City, ST ZIP Code			

Alternative Emergency Contacts

Primary Emergency Contact	Secondary Emergency Contact
Home Phone	Home Phone
Work Phone	Work Phone
Address	Address
City, ST ZIP Code	City, ST ZIP Code

Medical Information

Hospital/Clinic Preference	
Physician's Name	Phone Number
Insurance Company	Policy Number
Allergies/Special Health Considerations	

In the event that my child, _____ becomes ill or is injured and I, or the authorized physician named above, cannot be immediately contacted at the time of an emergency, and if in the judgment of the attending members of the Band Booster Organization, immediate observation or treatment is necessary, I authorize and direct them to send my child to the hospital or physician most easily accessible. I release the Laguna Hills High School Band Boosters, their employees and agents, from any claim of liability in connection therewith.

Parent's/Guardian's Signature	Date
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I give permission for my child to go on field trips. I release LHHS and individuals from liability in case of accident during activities related to LHHS Music, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature	Date
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